

No License will be issued unless this application is completed in detail.

City of Margate City

Municipal Building
9001 Winchester Ave
Margate City, NJ 08402
609-822-2605

MERCANTILE LICENSE APPLICATION

(MARGATE CITY CODE - CHAPTER 183)

Business Name / Address (Please Print)

Phone: _____

Date: _____

Block: _____ **Lot:** _____

Business Owner Name / Address (Please Print)

Phone: _____

The undersigned hereby respectfully requests a license to sell services and/or retail items for the following type of business: _____

Please indicate services you will be providing and be specific as possible, also indicate all Vending / Video Machines in your establishment. If you were approved by Planning Board action, their list must be limited to what was presented to and approved by the Planning Board. (Please Print)

* Please provide the following documents where applicable: Board of Health Certification
Renter/Lease Agreement

Applicant's Signature: _____ Date: _____

Upon approval by the Planning Board (if applicable), and inspections by the Construction Official and Fire Department, license will be issued.

(Date of Planning Board Approval)

Signature: _____
Planning/Zoning Board Rep. (If Commercial Change)

(Date Signed)

Signature: _____
(Construction Official)

(Date Signed)

Signature: _____
(Fire Marshall)

License Granted: _____ Fee Paid \$ _____ License No. M _____

Note: Please include telephone numbers for both business and owner.