



CITY OF BRIGANTINE

1417 West Brigantine Avenue • Brigantine, NJ 08203

Telephone (609) 266-7600 Ext. 264 • Fax (609) 266-6625

Email: mcoyne@brigantinebeachnj.com Web: brigantinebeachnj.com

Application for Mercantile License

THIS IS NOT A LICENSE TO OPERATE-THIS IS AN APPLICATION ONLY
Please complete application and return promptly with your check made payable to the City of Brigantine. Please furnish proof of business liability insurance. No Mercantile License will be issued to any business in which the water, sewer, or property taxes are delinquent.

Application is hereby made to the City of Brigantine to operate a mercantile establishment in the City of Brigantine. The following statements are made to the end that said license may be granted.

FEE: _____

1. TRADE NAME OF BUSINESS _____
2. CORPORATE NAME OF BUSINESS _____
3. STATE TAX I.D.# _____ FEDERAL TAX I.D.# _____
4. LIST THE FOLLOWING INFORMATION FOR INDIVIDUALS, PARTNERS OR OFFICERS OF CORPORATION (ATTACH SEPARATE PAPER IF NEEDED)(ATTACH COPY OF CORPORATE DOCUMENTS OR CERTIFICATION)(PHOTO ID, PASSPORT OR NATURALIZATION PAPERS ARE NEEDED TO PROCESS THIS APPLICATION

NAME	RESIDENCE	DOB	SS#	POSITION HELD
------	-----------	-----	-----	---------------

5. ADDRESS OF LOCAL BUSINESS SITE FOR WHICH APPLICATION IS BEING MADE, IF ANY: _____

6. BLOCK# _____ LOT# _____

7. ADDRESS OF BUSINESS IF NOT LOCATED IN THE CITY OF BRIGANTINE: _____

8. BUSINESS TELEPHONE # _____ RESIDENTIAL TELEPHONE # _____

9. E-MAIL ADDRESS: _____

10. DESCRIBE THE TYPE OF BUSINESS FOR WHICH THIS APPLICATION IS BEING MADE:
(FOR FOOD BUSINESS ATTACH HEALTH CERTIFICATE) _____

11. IF FOOD BUSINESS, HOW MANY SEATS IN BUSINESS _____

12. DO YOU HAVE ARCADE GAMES/AMUSEMENT DEVICES IN YOU BUSINESS? YES NO
IF SO, NUMBER OF DEVICES _____ (PLEASE NOTE, BUSINESS HAS TO BE
LOCATED IN ZONE B-6 IN ORDER TO HAVE THESE TYPES OF DEVICES)

13. IF YOU ARE A NEWS PAPER, NUMBER OF DISPENSING MACHINES ON ISLAND _____

14. DO YOU NEED A VEHICLE DECAL? YES NO IF YES # OF DECALS NEEDED _____

15. HAVE YOU HELD A PREVIOUS MERC. LICENSE? YES NO IF YES, WHEN? _____

16. HAS LICENSE EVER BEEN REVOKED? YES NO IF YES, WHY? _____

17. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO EXPLAIN _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF MERC.OFFICER _____ DATE _____