CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

CONTRACTOR'S LICENSE REQUIREMENTS
LICENSE PERIOD IS OCT 1ST TO SEPT 30TH

Ocean City Contractor License is required if:

- You work on/in any commercial property, structure containing more than five (5) residential units or public\city owned property.
- You are a subcontractor working on/in new construction
- Your business is power washing, house cleaning/janitorial, signs, bulkheads, moving/hauling or lawn care/landscaping (unless you have a NJ Irrigation License).

Keep in mind

- A NJ State HOME IMPROVEMENT CONTRACTOR LICENSE only covers work on/in singles, duplexes and structures with no more than 5 residential units
- A NJ State NEW HOME WARRANTY AND BUILDERS' REGISTRATION LICENSE covers only new construction and only the GENERAL CONTRACTOR. All subcontractors must have a City of Ocean City Contractor License
- If a business location requires a NJ STATE LICENSE e.g. doctor, lawyer, bank, real estate office, mortgage company, hair/nail salon, etc. they do not require a MERCANTILE license *unless* they also have retail sales.
- If an occupation/contractor requires a NJ STATE LICENSE e.g. master plumber, architect, HVAC, electrician, interior designer etc. they do not require a CONTRACTOR license. But, if the contractor has an office location, they require a MERCANTILE LICENSE for a professional office.

To apply for the license:

1. Fill out the Contractor License Application and return it by mail, email or in person to the Licensing Office with the following:
   A. If your business is a corporation or a LLC, please include a copy of your approved corporate or LLC papers.

   B. If you are a sole proprietor or a partnership in New Jersey and using a trade name, include a copy of your approved "Trade Name Registration" from your county clerk's office.

2. Call your insurance agent and have them email a Certificate of General Liability Insurance, naming the **City of Ocean City** as a certificate holder. **The Email address is Licensing@ocnj.us** . The City requires a minimum of $300,000 of liability insurance, for all contractors, except demolition and bulkhead contractors which are required to have a minimum $1,000,000 of liability insurance.

3. Enclose a check for the correct fee made out to the *City of Ocean City*. Payment can be made by credit card over the phone. First year fees can be pro-rated if registering during the license period. Please call or email for the correct amount before submitting check. The fees are as follows. If you are unsure of the fee, please call or email us.

1.	General Contractor	$450.00
2.	Contractors/Subcontractors	$225.00
3.	Handyman	$225.00
4.	Bulkhead & Piling	$300.00
5.	Moving/Hauling	$300.00
6.	Signs	$300.00

WE MUST RECEIVE ALL REQUIRED DOCUMENTS AND YOUR PAYMENT AT THE SAME TIME.
PLEASE REMEMBER TO SIGN YOUR APPLICATION!

If you have any questions, please contact the Licensing Office at 609-399-6111 x9701.

CONTRACTOR LICENSE APPLICATION

CITY OF OCEAN CITY
LICENSING OFFICE, 115 12TH STREET
OCEAN CITY, NJ 08226

PHONE: 609-399-6111 EXT 9701
EMAIL: LICENSING@OCNJ.US
WWW.OCNJ.US

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL # _____

EMAIL ADDRESS: _____

TYPE OF CONTRACTOR: _____

BUSINESS CLASSIFICATION (CHECK ONE):
INDIVIDUAL: ____ PARTNERSHIP:_____ CORPORATION: ____ LLC: ____ OTHER: ____

NJ STATE HOME IMPROVEMENT CONTRACTOR LICENSE NUMBER _____
NJ STATE NEW HOME WARRANTY & BUILDERS REGISTRATION LICENSE NUMBER _____

MAIL INVOICE TO: OWNERS ADDRESS _____ BUSINESS ADDRESS _____

BUSINESS OWNER'S INFORMATION

Individuals list owner's name; for partnership list both parties. For corporation list either an officer or registered agent upon whom process may be served.

OWNER'S NAME(s): _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #'S: _____

SIGNATURE OF APPLICANT _____

MAKE CHECKS PAYABLE TO: *CITY OF OCEAN CITY* . CREDIT CARDS ACCEPTED BY PHONE.

FOR OFFICE USE ONLY

MEMO _____

INSURANCE CERT YES ____ CORP/LLC DOCUMENTS REC'D YES _____
STATE LICENSE YES ____ NA ____ TRADE/ALTERNATE NAME REC'D YES ____ NA ____
OTHER _____

LICENSE NUMBER _____ LICENSE FEE: $ _____
ISSUED _____ OCTD ASSESSEMENT: $ _____
TOTAL AMOUNT DUE: $ _____
CHECK NUMBER: _____

01/01/2024