



# CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

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## CONTRACTOR'S LICENSE REQUIREMENTS LICENSE PERIOD IS OCT 1<sup>ST</sup> TO SEPT 30<sup>TH</sup>

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.

If you feel you are not required to have a City of Ocean City Contractor License, please sign and date the statement below, attach a copy of the NJ State License you hold and return.

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.
  - C. 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](mailto: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.

**D.** 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. Am Express not accepted. 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.

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|----|----------------------------|----------|
| 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.

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I HAVE READ THE ABOVE AND HEREBY CERTIFY THAT I DO NOT MEET ANY OF THE CRITERIA THAT REQUIRES A CITY OF OCEAN CITY CONTRACTOR LICENSE.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Company Name \_\_\_\_\_

Date \_\_\_\_\_

# CONTRACTOR LICENSE APPLICATION

CITY OF OCEAN CITY  
LICENSING OFFICE  
115 12<sup>TH</sup> STREET  
OCEAN CITY, NJ 08226

PHONE: 609-399-6111 EXT 9701  
FAX: 609-525-2496  
EMAIL: [LICENSING@OCNJ.US](mailto:LICENSING@OCNJ.US)  
[WWW.OCNJ.US](http://WWW.OCNJ.US)

## BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_  
Individual or Partners, Corporation or LLC Name

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF CONTRACTOR: \_\_\_\_\_

### BUSINESS CLASSIFICATION (CHECK ONE):

INDIVIDUAL: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ CORPORATION: \_\_\_\_\_ LLC: \_\_\_\_\_ OTHER: \_\_\_\_\_

NUMBER OF VEHICLE STICKERS REQUESTED: \_\_\_\_\_ (MUST BE PLACED ON VEHICLES WORKING IN CITY)

MAIL INVOICE: 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: \_\_\_\_\_ CELL #: \_\_\_\_\_ TAX ID/SS # \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

MAKE CHECKS PAYABLE TO: CITY OF OCEAN CITY

## 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 \_\_\_\_\_  
ISSUED \_\_\_\_\_  
CHECK NUMBER: \_\_\_\_\_

LICENSE FEE: \$ \_\_\_\_\_  
OCTD ASSESSEMENT: \$ \_\_\_\_\_  
TOTAL AMOUNT DUE: \$ \_\_\_\_\_