



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

BUSINESS LICENSE REQUIREMENTS

INCLUDES FOOD ESTABLISHMENTS, MARINAS, AMUSEMENTS, LODGING, RETAIL AND GENERAL BUSINESS

1. Complete the Pre-Application form and submit it to the Office of Licensing. This form is to obtain an approval from the Zoning Office to operate your particular type of business at your specific location.
2. Within two weeks, the Office of Licensing will notify you of the decision and any requirements.
3. If approved,
 - A. Complete the Mercantile License Application and return to the Office of Licensing with the following:
 1. If your business is a corporation or a LLC, please provide a copy of your corporation or LLC formation papers. If the LLC is different than the business name being used you are required to submit an Alternate/Trade Name form.
 2. If you are a sole proprietor or a partnership in New Jersey and using a trade name, include a copy of your "Trade Name Registration" from your county clerk's office.
 3. Food establishments must include a "Satisfactory Health Inspection Certificate". To schedule a health inspection, call the Cape May County Health Department at (609) 465-1223.
 4. All businesses are required to furnish proof of general liability insurance (\$500,000 minimum). Call your insurance agent and have them email a certificate of liability insurance (Insurance form ACORD 25) naming the City of Ocean City as the Certificate Holder to Licensing@ocnj.us . Certificates must have been issued within the last 90 days.
 5. Your check for the correct amount made payable to the City of Ocean City. Contact this office for fee. We accept checks & credit cards.
 6. If you are a public charity or private foundation exempt under section 501(c) (3), you must provide a copy of your determination papers.
 - B. Contact the Construction Office at 609-525-9173 or ConstructionCode@ocnj.us and the Zoning Office at 609-399-6111 x9758 or Zoning@ocnj.us for their requirements. No mercantile license will be issued until all requirements from these departments are completed.

If you have any questions, please do not hesitate to contact the Licensing Office at 609-399-6111 x9701 or email to Licensing@ocnj.us .

PLEASE REMEMBER TO SIGN YOUR APPLICATIONS! INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

LICENSING OFFICE
115 12th STREET, OCEAN CITY, NJ 08226
PH: 609-399-6111 X9701 Licensing@ocnj.us www.ocnj.us

1/1/24

MERCANTILE LICENSE

PRE-APPLICATION CHECK OFF SHEET

- BLOCK, LOT, QUALIFIER: Obtained from property tax bill or landlord.
- SITE ADDRESS: Legal address of business location
- APPLICANT NAME: Your name, not the business name.
- APPLICANT ADDRESS: Your home address – not the business address.
- PHONE NUMBERS: Numbers you can be reached at.
- EMAIL ADDRESS
- MOST RECENT USE: List all of the most recent uses that you know of and last business at the location if known.
- PROPOSED USE: List all of the uses you are proposing and the name you plan to use.
- DAYS & HOURS OF OPERATION: (ie: 7 days a week, 9:30am to 6:00pm)
- OTHER USES THAT WILL BE AT THIS LOCATION: Other than yours.
- PROPOSED REVOVATIONS OR CHANGES
- # OF PARKING SPACES: On the property, not the street
OF SPACES ELSEWHERE: Do you own or lease spaces somewhere.
- # OF SEATS: For restaurants, deli's etc.
- SQ. FT. OF RETAIL AREA: Not restrooms, storage or lot size
- # OF RENTABLE ROOMS: Refers to guest rooms in B&B, guest house, hotel, motel, rooming or boarding house.
- # OF RENTABLE APARTMENTS: includes efficiencies.
- APPLICANT'S SIGNATURE/TITLE: Owner, President, Vice President, Manager etc.
- COMMENTS/NOTES: Description of business

CITY OF OCEAN CITY – LICENSING OFFICE
115 12TH STREET, OCEAN CITY, NJ 08226
PHONE (609) 399-6111 X9701 LICENSING@OCNJ.US

PRE-APPLICATION FORM FOR MERCANTILE LICENSE

******PLEASE PRINT******

NEW CHANGE OF LOCATION CHANGE OF OWNERSHIP ON FILE RECORD

BLOCK _____ LOT _____ QUAL _____ SITE ADDRESS _____

APPLICANT NAME _____ DATE _____

APPLICANT ADDRESS _____

PHONE NUMBER: BUSINESS _____ CELL _____

EMAIL _____

PROPERTY OWNER'S NAME _____

MOST RECENT USE(S) _____

PROPOSED USE(S)/NAME _____

DAYS & HOURS OF OPERATION _____

OTHER USES THAT WILL BE AT THIS LOCATION (EVEN IF YOU ARE NOT INVOLVED) _____

PROPOSED RENOVATIONS OR CHANGES (PROVIDE A SURVEY & AN INTERIOR LAYOUT SITE PLAN (IF REQUIRED BY ZONING OFFICAL) _____

OF PARKING SPACES _____ # OF SPACES ELSEWHERE _____ # OF SEATS _____

Off Street At another location Food Establishment

SQ. FT. OF RETAIL AREA _____ # OF GUEST ROOMS _____ APTS _____ OWNER UNIT(S) _____

******Please note: Zoning & Construction Permits are required for all license applications ******

APPLICANT'S SIGNATURE & TITLE _____

COMMENTS/NOTES (Use other side if needed) _____

THIS OFFICE WILL NOTIFY YOU OF THE DECISION, USUALLY IN TWO (2) WEEKS

(1) ZONING: APPROVAL _____ REJECTION _____ DATE _____

REASON FOR REJECTION AND/OR NOTES _____

(2) CODE OFFICIAL: APPROVAL _____ REJECTION _____ DATE _____

REASON FOR REJECTION AND/OR NOTES _____

(3) ADMINISTRATION: APPROVAL _____ REJECTION _____ DATE _____

REASON FOR REJECTION AND/OR NOTES _____

NOTIFICATION GIVEN _____ MERCANTILE LICENSE NUMBER _____

ISSUE DATE _____

MERCANTILE 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

BLOCK _____ LOT _____ QUALIFIER _____

SITE ADDRESS _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

OWNER'S NAME: _____

Individual or Partners, Corporation or LLC Name

BUSINESS PHONE: _____ CELL # _____

EMAIL ADDRESS: _____

PROPERTY OWNER'S NAME: _____

ie: Landlord

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: _____ HOME PH: _____

TAX I.D. NUMBER OR SS#: _____

BUSINESS CLASSIFICATION (CHECK ONE):

INDIVIDUAL: _____ PARTNERSHIP: _____ CORPORATION: _____ LLC: _____ OTHER: _____

FOR RETAIL/WHOLESALE BUSINESSES, FOOD ESTABLISHMENTS, ROOMING/GUEST HOUSES, & RENTAL PROPERTIES

RETAIL SQUARE FOOTAGE: _____ RESTAURANT – NUMBER OF SEATS: _____

NUMBER OF GUEST ROOMS: _____ NUMBER OF RENTAL APARTMENTS: _____

NUMBER OF VENDING MACHINES: _____ SIDEWALK CAFÉ _____

MAIL INVOICE: OWNERS ADDRESS _____ BUSINESS ADDRESS _____

SIGNATURE OF APPLICANT _____

MAKE CHECKS PAYABLE TO: CITY OF OCEAN CITY

MERCANTILE LICENSE APPLICATION

FOR OFFICE USE ONLY

MEMO _____

INSURANCE CERT YES ___ NA ___ TRADE NAME/ALTERNATE NAME YES ___ NA ___

HEALTH DEPT INSPECT YES ___ NA ___ CORP/LLC DOCUMENTS REC'D _____

CONSTRUCTION DEPARTMENT APPROVAL _____ ZONING DEPARTMENT APPROVAL _____

OTHER _____

MERCANTILE ISSUED _____

LICENSE FEE: \$ _____

CHECK NUMBER: _____

OCTD ASSESSEMENT: \$ _____

LICENSE NUMBER: _____

TOTAL AMOUNT DUE: \$ _____