CITY OF OCEAN CITY
OFFICE OF LICENSING
115 12TH STREET, OCEAN CITY, NJ 08226
PHONE (609) 399-6111 X9701 FAX (609) 525-2496 LICENSING@OCNJ.US

PRE-APPLICATION FORM FOR MERCANTILE LICENSE

****PLEASE PRINT*****

☐ NEW ☐ CHANGE OF LOCATION ☐ CHANGE OF OWNERSHIP ☐ ON FILE RECORD

APPLICANT NAME_____ DATE_____

APPLICANT ADDRESS _____

PHONE NUMBER: BUSINESS _____ CELL _____

EMAIL _____

BLOCK _____ LOT _____ QUAL _____ SITE ADDRESS_____

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 PLAN SITE PLAN IF REQUIRED BY ZONING OFFICAL) _____

OF PARKING SPACES _____ (Off Street) # OF SPACES ELSEWHERE _____ (At another location) OWNED LEASED

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

OF SEATS _____ (Food Establishment) GREATEST # OF OWNERS/EMPLOYEES PER SHIFT _____

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

APPLICANT'S SIGNATURE & TITLE _____

COMMENTS/NOTES _____

_____

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

FOR OFFICIAL USE ONLY

(1) ZONING: APPROVAL _____ REJECTION _____ DATE _____

REASON FOR REJECTION AND/OR NOTES _____ _____

_____

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

REASON FOR REJECTION AND/OR NOTES_____

_____

(3) BUSINESS ADMINISTRATOR: APPROVAL _____ REJECTION _____ DATE _____

REASON FOR REJECTION AND/OR NOTES _____

_____

(4) NOTIFICATION GIVEN _____

(5) MERCANTILE LICENSE NUMBER _____ ISSUE DATE _____