



# Borough of Seaside Park

CODE ENFORCEMENT OFFICE

732-793-5100  
Fax 732-375-3058

The Family Resort

313 SW Central Ave. • Seaside Park, New Jersey 08752

## MERCANTILE LICENSE APPLICATION

Application No ML \_\_\_\_\_

BASIC FEE: \$125.00

Block \_\_\_\_\_ Lot \_\_\_\_\_

1. **BUSINESS LOCATION INFORMATION.** When applying for a license to operate a "Motor Vehicle Vending Truck" or "Mobile Vending Unit" only complete sections 2, 3 & 6 and attach current Ocean County Health Department Approval.

\_\_\_\_\_ Motor Vehicle Vending Truck

Vehicle Registration \_\_\_\_\_

\_\_\_\_\_ Mobile Vending Unit

Vehicle License Plate# \_\_\_\_\_

Operator's License # \_\_\_\_\_

Street Address of Business Establishment:

Zoning District: (check one) \_\_\_\_\_ Residential (R) \_\_\_\_\_ Boardwalk (B) \_\_\_\_\_ Public (P)  
\_\_\_\_\_ Business (BU) \_\_\_\_\_ Mixed Use (MX) \_\_\_\_\_ Multi Dwelling (MD)

### 2. APPLICATION INFORMATION.

Trade Name: \_\_\_\_\_

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

24 HOUR Contact Number \_\_\_\_\_

If partnership/corporation list names, addresses and telephone numbers of partners having a ten percent (10%) or more interest.

### 3. BUSINESS INFORMATION.

Type of Business: \_\_\_\_\_

Product Sold: \_\_\_\_\_

Number of coin-operated vending machines (do not include cigarette machines): \_\_\_\_\_

Number of coin-operated amusement games: \_\_\_\_\_ If circus or carnival, number of days: \_\_\_\_\_

If Hotel, motel, rooming-house or boarding house:

Number of Dwelling Units & Efficiencies: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

If Amusement Ride, overall height: \_\_\_\_\_ attach diagram showing dimensions and location.

3. Please provide a copy of any and all that apply:

- CURRENT Health Department Certificate
- Liquor License
- ANSEL Certificate
- State Hotel, Motel, and Multiple Dwelling Certification

**5. ON SITE TELEPHONE NUMBER & MANAGER.**

Business Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Manager Name: \_\_\_\_\_

**6. APPLICANT CERTIFICATION.** I hereby certify that the above statements made by me and the information submitted with this application is true. I also authorize the Borough of Seaside Park Code Enforcement Officer to inspect/re-inspect the premises.

Signature of applicant or authorized agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Fee Calculation: \$ \_\_\_\_\_

Coin-Operated Vending Machines / ATM \_\_\_\_\_ @ \$25.00 = \$ \_\_\_\_\_

Coin-Operated Amusement Machines \_\_\_\_\_ @ \$25.00 = \$ \_\_\_\_\_

***Hotel, Motel, Rooming-houses***

Dwelling Units & Efficiencies \_\_\_\_\_ @ \$15.00 = \$ \_\_\_\_\_

Rooms \_\_\_\_\_ @ \$15.00 = \$ \_\_\_\_\_

TOTAL FEE: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_