



The Family Resort

# Borough of Seaside Park

CODE ENFORCEMENT OFFICE

732-250-7569  
Fax 732-375-3058

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

## 2020 MERCANTILE LICENSE APPLICATION

### ALL CHECKS MADE PAYABLE TO THE BOROUGH OF SEASIDE PARK

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ PERMIT NUMBER-ML \_\_\_\_\_

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 & 7 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:

---

#### 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. **OWNER OF PROPERTY:** \_\_\_\_\_

EMERGENCY PHONE# \_\_\_\_\_

4. **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.

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

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

6. ON SITE TELEPHONE NUMBER & MANAGER.

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

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

7. **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:

Annual Fee: \$125.00 = \$ \_\_\_\_\_

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 \_\_\_\_\_