

The *permitted use* of this premise *preceding* this application was:

Type of Use: _____ Last Date Used (Month/Years): _____

CITY OF VENTNOR CITY
OFFICE OF THE CITY CLERK
Mercantile Licensing
6201 Atlantic Avenue - Room 5
Ventnor City, N J 08406

DATE: _____

THIS APPLICATION IS FOR: Check One

COMMERCIAL MERCANTILE LICENSE PROFESSIONAL OFFICE TAXICAB SOLICITATION

1. **BUSINESS NAME:** _____ **FEDERAL ID#** _____
Trade Name to be used at Ventnor Location Social Security

2. **CORPORATION** **PARTNERSHIP** **INDIVIDUAL** **LLC** **Check one**

Print Name of Parent Company Corporation if different from No.1 (above)

3. **MAILING ADDRESS:** _____ **City** _____ **State** _____ **Zip** _____
Building Suite No. PO Box/Street Address

4. **NAME/ADDRESS OF AUTHORIZED PARTY TO ACCEPT ALL NOTICES REGARDING THIS LICENCE:**

Name & Title _____ *PO/ Street Address* _____ *City* _____ *State* _____ *Zip* _____

5. **THE UNDERSIGNED HEREBY REQUESTS THAT A LICENSE BE APPROVED TO OPERATE:**

Describe Type of Business/Profession, i.e., Retail Sales, Restaurant, Taxi, Real Estate, Medical, Solicitation, Etc..

6. **COMMERCIAL ZONE LOCATION:** _____

ADDRESS of Proposed Ventnor Business Operation

7. **NAME & AUTHORITY OF APPLICANT:** _____

(Completing this Application)

PRINT NAME & TITLE of Owner, Manager, Authorized Applicant

8. **Email Address of Name & Authority of Applicant:** _____

PRINT EMAIL ADDRESS

<p>FOR CITY USE ONLY - DO NOT COMPLETE THIS BOX</p> <p>Filing Date: _____</p> <p>_____ Municipal Clerk</p> <p>Amount Paid: \$ _____</p>
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FOR CITY USE ONLY - DO NOT COMPLETE THIS BOX

Filing Date: _____

Municipal Clerk

Amount Paid: \$ _____

SIGNATURE of Owner, Manager, Authorized Applicant

HOME Address _____ *City* _____ *State* _____ *ZIP* _____

HOME Phone _____ *VENTNOR Store Phone* _____

License will be issued following inspections & approvals of Zoning Official, Building Code Enforcement & Fire Prevention.

Signature of Zoning Official: _____ **Date:** _____

Signature of Code Enforcement Official: _____ **Date:** _____

Signature of Fire Prevention Official: _____ **Date:** _____

Signature of Ventnor Municipal Clerk: _____ **Date:** _____

