

APPLICATION FOR MERCANTILE LICENSE

Pursuant to Chapter 140 of the Ordinance of the Borough of Sea Bright, issuance of a Mercantile License is hereby requested.

1. Applicant Name: _____

Home Address: _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

2. Business Trade Name: _____

Business Address: _____

Business Type: _____

Business Phone #: _____

Business Email/Website: _____

3. Property Owner Information

Name _____

Address _____

Telephone Number _____

4 If applicant is not an individual, provide below the names, positions and addresses of all officers and managers of the applicants.

Name	Position	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. State any pertinent facts about this application, which will enable the Borough to make a fair examination of the eligibility of the applicant.

Dated _____ Signature of Applicant _____

FOR BOROUGH USE ONLY
APPROVALS RECEIVED

Borough Clerk _____

Plumb Fee Paid _____

Zoning _____

MERCANTILE INFORMATION

Police _____

Date received _____

Board of Health Inspection
and Permit _____

Date issued _____

Certificate of Occupancy _____

License number _____

Fire Marshall: _____

License fee _____