

CITY OF ATLANTIC CITY
DEPARTMENT OF LICENSING & INSPECTIONS
REGULATORY DIVISION/MERCANTILE LICENSE SECTION
CITY HALL – SUITE 120
1301 BACHARACH BOULEVARD
ATLANTIC CITY, NJ 08401-4603
Telephone – (609) 347-5315
Fax – (609) 347-6113



CHECKLIST - MERCANTILE HANDBILL LICENSE APPLICATION
LICENSING PERIOD – NOVEMBER 1 THROUGH OCTOBER 31

This Application must be filed with the Mercantile License Section

Please check next to each item on the list after you complete that requirement

MERCANTILE CHECK-OFF	APPLICANT CHECK-OFF	
_____	_____	Mercantile Business Owner License Application
_____	_____	Non-refundable Mercantile Business Owner Application Fee - \$25.00
_____	_____	New Jersey Business Registration
_____	_____	Valid Photo Identification
_____	_____	Lease or Deed
_____	_____	Certificate of Land Use Compliance (If Applicable)
_____	_____	Construction Approval (CCO, CO, TCO) (If Applicable)
_____	_____	Insurance Surety Bond (\$10,000.00)
_____	_____	List of all handbill distributor employees
_____	_____	Mercantile License Section Inspection

Upon approval of this application the Applicant must pay:

\$500.00 – Licensed Mercantile Business Owner Fee

Please make check or money order payable to the “City of Atlantic City”

A full reading of Chapter 173 of the Atlantic City Code at www.cityofatlanticcity.org will answer any questions you may have.

For further assistance please call (609) 347-5315 or (609) 347-5316
 Between the hours of 8:30 a.m. and 3:30 p.m. Monday through Friday

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MERCANTILE BUSINESS OWNER LICENSE APPLICATION
THIS IS NOT A LICENSE TO OPERATE –THIS IS AN APPLICATION ONLY
(APPLICATION FEE IS NON-REFUNDABLE)

Application Fee - \$25.00 If Food is to be sold - \$40.00

APPLICATION IS HEREBY MADE TO THE CITY OF ATLANTIC CITY TO OPERATE A MERCANTILE LICENSED BUSINESS IN THE CITY OF ATLANTIC CITY AND THE FOLLOWING STATEMENTS ARE MADE TO THE END THAT SAID LICENSE MAY BE GRANTED.

1. TRADE NAME OF BUSINESS: _____
2. CORPORATE NAME OF BUSINESS: _____
3. STATE TAX ID NUMBER: _____ FEDERAL TAX ID NUMBER: _____
4. LIST THE FOLLOWING INFORMATION FOR INDIVIDUALS, PARTNERS OR OFFICERS OF CORPORATION (ATTACH SEPARATE PAPER IF NEEDED) COPIES OF CORPORATE DOCUMENTS OR CERTIFICATION,

NAME	RESIDENCE	CORPORATE POSITION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

5. ADDRESS OF LOCAL BUSINESS SITE FOR WHICH APPLICATION IS BEING MADE, IF ANY.

6. BLOCK: _____ LOT: _____ (ATTACH LAND USE CERTIFICATE, CERTIFICATE OF OCCUPANCY OR CONTINUED CERTIFICATE OF OCCUPANCY)

7. ADDRESS OF BUSINESS IF NOT LOCATED IN ATLANTIC CITY:

8. BUSINESS TELEPHONE NO: _____ RESIDENTIAL or CELL TELEPHONE NO. _____
BUSINESS or PERSONAL EMAIL ADDRESS: _____

9. DESCRIBE THE TYPE OF BUSINESS FOR WHICH THIS APPLICATION IS BEING MADE. IF FOOD IS BEING SOLD, THIS APPLICATION WILL BE FORWARDED TO THE HEALTH DEPARTMENT FOR THEIR INSPECTION AND THE ISSUANCE OF A HEALTH CERTIFICATE.

10. DO YOU OWN OR LEASE PREMISES: _____ (ATTACH A COPY OF YOUR LEASE)
IF LEASING, STATE LENGTH OF TERM OF LEASE _____

APPLICATION OF A MERCANTILE BUSINESS OWNER LICENSE – PAGE 2

11. HAS ANYONE NAMED IN THIS APPLICATION BEEN CONVICTED OF ANY CRIME IN THIS STATE OR ANY OTHER STATE? _____. IF YES, STATE OFFENSE AND DATE OF CONVICTION

SENTENCE: _____ FINE: _____ TIME SERVED: _____ FINE PAID: _____

ATTEST

I, _____, represent that I have the authority to submit this application for a Mercantile License and all statements made herein are of my personal knowledge and are true. I realize that any statements made which are willfully false may subject me to punishment.

Signature of Applicant

RECEIVING CLERK (PRINT)

SIGNATURE OF RECEIVING CLERK / DATE