

**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**



**PARKING FACILITY LICENSE APPLICATION**

**LICENSE PERIOD – AUGUST 1 through JULY 31**

**\*LICENSE PERIOD FOR SEASONAL – MEMORIAL DAY THROUGH LABOR DAY**

**\$25.00 Application Fee is Non-Refundable (Initial License Application Only)**

**Application is hereby made to operate a Bus, Public, Semi-Public or Seasonal Parking Facility in the City of Atlantic City in accordance with Chapter 201 of the City Code.**

Initial License

License Renewal

Bus

Public

Semi-public

Seasonal\*

Current Mercantile License Number \_\_\_\_\_

Full name of applicant: \_\_\_\_\_

Residential address of applicant: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**If applicant is a Corporation, LLC or Sole Proprietor:**

Location of Registered Office in New Jersey: \_\_\_\_\_

Name of Registered Agent: \_\_\_\_\_

**If the applicant is not the owner of the parking facility:**

Please state your interest in the parking facility: \_\_\_\_\_

*If you are leasing this parking facility, attach a copy of your lease or an affidavit from the owner attesting your right to use the facility.*

Address of parking facility: \_\_\_\_\_

Maximum number of parking spaces: \_\_\_\_\_

**INITIAL LICENSE - The Applicant must attach the following items to your Initial License Application or it will be deemed incomplete and will not be processed until it is complete:**

- New Jersey Business Registration Certificate
- Valid Photo ID (Driver’s License or other government issued ID)
- Proof of citizenship i.e., Birth Certificate, Passport or if you are not a citizen submit your Permanent Residence Card or Work Authorization Card
- Sketch and photograph showing the entire facility, including booths and fence or shrubbery and attach a description of the height and type of fence or shrubbery used to enclose the parking facility.

- Schedule of rates to be charged for the parking or storage of motor vehicles, setting forth the time and hours for each of said prices to be charged and the dimensions of the sign (see attached Tariff Sign and Rate Application).
- Copy of your contract with a Towing Company along with a copy of their current Mercantile License
- Certificate of Insurance – Public Liability in the amount of \$1,000,000 and Property Damage in the amount of \$200,000
- Certificate of Land Use Compliance with approved parking facility plan – If your parking lot is in the Tourism District please contact the CRDA – 609-347-0500 or contact the Department of Planning & Zoning - 609-347-5404
- **Cash, Check or Money Order in the amount of \$45.00 (Application Fee-\$25.00 and Application Fee for Fingerprints-\$20.00). Check or Money Order is to be made payable to the City of Atlantic City.**

**All applicants must be fingerprinted by Identigo. A fee of \$40.70 is paid to them directly. Applicant must successfully pass a background check prior to licensing.**

**\*\*\*\*ONCE YOUR APPLICATION HAS BEEN APPROVED, THE MERCANTILE OFFICE WILL CONTACT YOU WITH THE AMOUNT DUE. ONCE PAYMENT IS MADE, YOUR LICENSE WILL BE ISSUED\*\*\*\***

**LICENSE RENEWAL – If there are no changes to the paperwork submitted with your Initial License Application, you only need to submit the following with your renewal application:**

- Valid Photo ID (if what you submitted has expired and been renewed)
- Permanent Residence Card or Work Authorization Card (if what you have submitted has expired and been renewed)
- Certificate of Insurance – Public Liability in the amount of \$1,000,000 and Property Damage in the amount of \$200,000
- Copy of contract with a Towing Company along with a copy of their current Mercantile License
- Current Tariff Sign and Rate Form
- **Cash, Check or Money Order in the amount due per the attached worksheet. Check or Money Order is to be made payable to the City of Atlantic City.**

I represent that 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 in accordance with the pertinent sections of City Code Chapter 201

---

Signature of Applicant

---

Signature of Receiving Clerk / Date

## WORKSHEET USED TO CALCULATE LICENSE RENEWAL PAYMENT

**License Fees for Bus Parking Facility are as follows:**

<b>Bus Parking Facility License</b>		\$ 200.00
Application Fee - \$25.00 (new applications only)		\$ _____
Fingerprint Application - \$20.00		\$ _____
<b>Parking Spaces:</b>		
1 to 10 buses	\$500.00	\$ _____
11 to 25 buses	\$1,000.00	\$ _____
26 to 50 buses	\$1,500.00	\$ _____
51 +	\$1,500.00 plus \$5.00 per each additional bus	\$ _____
<b><i>TOTAL AMOUNT DUE</i></b>		<b>\$ _____</b>

**License Fees for Public, Semi-Public, and Seasonal Parking Facilities  
are as follows:**

<b>Parking Facility License:</b>		\$ 200.00
Application Fee - \$25.00 (new applications only)		\$ _____
Fingerprint Application - \$20.00		\$ _____
<b>Parking Spaces:</b>		
1 or 2	No Charge	No Charge
3 to 15	\$ 75.00	\$ _____
16 to 50	\$125.00	\$ _____
51 to 100	\$225.00	\$ _____
101 +	\$225.00 plus \$3.00 per each additional parking space	\$ _____
<b><i>TOTAL AMOUNT DUE</i></b>		<b>\$ _____</b>

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

*For use by the Mercantile License Section*

*The parking facility described in this application was inspected on \_\_\_\_\_  
by \_\_\_\_\_ and it \_\_\_\_\_ is \_\_\_\_\_ is not in compliance with City Code Chapter 201.*

**Approved:** \_\_\_\_\_      **Denied:** \_\_\_\_\_      **By:** \_\_\_\_\_  
*Mohammed Z. Islam, Assistant Director of Licenses*

**Approved:** \_\_\_\_\_      **Denied:** \_\_\_\_\_      **By:** \_\_\_\_\_  
*Dale L. Finch, Director  
Department of Licensing & Inspections*

*(The Inspection Form must to be attached to application)*

**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**



**LICENSED PARKING FACILITY  
TARIFF SIGN and RATE APPLICATION**

**(This application is also to be used when requesting a Tariff Sign and/or Rate Change)  
In Compliance with City Code Chapter 201-4 Rates**

**Current Mercantile License No. \_\_\_\_\_**

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

Address of Applicant: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Parking Lot Address: \_\_\_\_\_

Number of Parking Spaces: \_\_\_\_\_ Date change is requested: \_\_\_\_\_  
**(Applications must be submitted a minimum of 48 hours prior to requested change)**

Reason for Requesting Change of Sign \_\_\_\_\_

Reason for Requesting Rate Change \_\_\_\_\_ Special Event \_\_\_\_\_ Convention \_\_\_\_\_ Other \_\_\_\_\_

Location of Tariff sign at Parking Lot: \_\_\_\_\_

**INDICATE ON THE BOX BELOW, THE SIZE OF THE TARIFF SIGN AND  
THE INFORMATION TO BE DISPLAYED**

No new or revised tariff sign or rate may be posted or fees collected until such time as such signs and rates have been **APPROVED** by the Director and is posted in the attendants booth at the parking lot.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Mohammed Z. Islam, Assistant Director of License / Date

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Dale L. Finch, Director of Licensing & Inspections / Date