

CITY OF BRIGANTINE

1417 W. BRIGANTINE AVENUE
BRIGANTINE, NJ 08203
609-266-7600 ext. 217
FAX: 266-3823

Office Use Only:

License: _____

Decal: _____

Date Issued: _____

Pymt: _____ Type: _____

INS: _____ DL: _____ VIN: _____

APPLICATION FOR MERCANTILE LICENSE

PLEASE COMPLETE APPLICATION AND RETURN PROMPTLY WITH YOUR CHECK. THANK YOU.
CONTRACTORS MUST FURNISH PROOF OF YOUR BUSINESS LIABILITY INSURANCE IN THE MINIMUM AMOUNT OF ONE MILLION DOLLARS. NO MERCANTILE LICENSE WILL BE ISSUED TO ANY BUSINESS IN WHICH THE WATER, SEWER, OR PROPERTY TAXES ARE DELINQUENT.

Application is hereby made to the City of Brigantine to operate a mercantile establishment in the City of Brigantine. The following statements are made to the end that said license may be granted:

APPLICANT INFORMATION

BUSINESS NAME		BUSINESS PHONE	
BUSINESS LOCATION		OWNER OF PREMISES	
CITY / STATE	ZIP	TYPE OF BUSINESS	

OWNER OF BUSINESS		PHONE	
ADDRESS		OTHER OWNER	
CITY / STATE	ZIP	OTHER OWNER ADDRESS	

1. Have you held a previous Mercantile license? YES NO If yes, when?

2. Has license ever been Revoked or Suspended? YES NO If yes, why?

3. List Corporate officers (if corporation)

4. Have you ever been convicted of a crime? YES NO Give details

5. Is application subject to non-conforming exemption? YES NO If so, submit detailed proof of date of occupation as basis for this license request.

VEHICLE DECAL INFORMATION

MAKE:	MODEL:	YEAR:	COLOR:	LICENSE:
-------	--------	-------	--------	----------

PLEASE PROVIDE A COPY OF DRIVER'S LICENSE AND REGISTRATION.

AFFIDAVIT

I declare under the penalties of perjury and those imposed by article 5, section 504 of Ord. No. 8, 1966 that the statements contained in this application are true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF MERCANTILE OFFICER

DATE