

City of Wildwood
4400 New Jersey Avenue
Wildwood, NJ 08260
Mercantile Application

Applicant's Name: _____
Local Residence Address: _____
Winter Address: _____
Local Phone # _____ Cell # _____ email: _____

Business Entity Name: _____ EIN No.: _____
Trade Name of Business _____
Address of Business: _____ Block/Lot: _____
Property Owner: _____ Owner's Address: _____

Proposed Use or Nature of Business: _____
Total Licensed Area in Square Feet, include areas not open to the public: _____
For eating establishments – number of seats _____ (Health Certificate is necessary for all eating establishments)
Number of parking spots available on site: standard: _____ disabled accessible: _____

Have you previously received a Mercantile License in the City of Wildwood? _____ If so, state the date and name of the business which was licensed: _____

Have you ever been denied a Mercantile License in the City of Wildwood? _____ If so, set forth the reasons for denial: _____

Have you ever had any prior Mercantile License(s) revoked or suspended? _____ If so, set for the reasons for the revocation or suspension: _____

Is the applicant indebted or obligated in any manner, or with regard to any property, to the City of Wildwood for taxes, water or sewer rates? _____ if yes, please describe _____

Insurance: Per 7-1.3H of Revised General Ordinances, if required by city, proof of insurance must be submitted with application.

Has applicant ever been convicted of a crime or violation of any municipal ordinance other than a traffic offense? _____
If yes, describe _____

Applicant hereby consents to the inspection of the premises to be licensed by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable ordinances and property maintenance codes of the City of Wildwood.

I hereby certify that the information supplied herein is true and correct and understand if any information provided is found to be false, any license issued in reliance upon same is subject to immediate revocation.

..... Applicant's Signature or Applicant's Agent Date

This section to be completed by City Officials: Circle disposition, sign and date. If referred, attach basis for referral.

Zoning Official: Approved / Refer to Governing Body Date: _____
Chief of Police or Designee: Approved / Refer to Governing Body Date: _____
Code Enforcement Official: Approved / Refer to Governing Body Date: _____
Fire Official: Approved / Refer to Governing Body Date: _____