

Pursuant to the ordinances of the Borough of Belmar, the undersigned hereby makes application for Mercantile License and Certifies to the correctness of the following information. This form must be completed in full in order for a mercantile license to be issued.

BUSINESS NAME: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

BUSINESS OWNER'S HOME ADDRESS: \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_ ALTERNATE TELEPHONE: \_\_\_\_\_

OWNER OF PREMISES (if different from Business Owner): \_\_\_\_\_

OWNER'S EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OWNER'S HOME ADDRESS: \_\_\_\_\_

VIDEO GAMES YES \_\_\_ NO \_\_\_ HOW MANY? \_\_\_\_\_ (SEE ATTACHED FEE SCHEDULE)

VENDING MACHINES YES \_\_\_ NO \_\_\_ HOW MANY? \_\_\_\_\_ (SEE ATTACHED FEE SCHEDULE)

ATMS YES \_\_\_ NO \_\_\_ HOW MANY? \_\_\_\_\_ (SEE ATTACHED FEE SCHEDULE)

**BUSINESS/ALARM INDEX FILE**

ALARM COMPANY: \_\_\_\_\_

BURGLAR ALARM: \_\_\_\_\_ FIRE ALARM: \_\_\_\_\_ KNOCK BOX: \_\_\_\_\_

CENTRAL STATION: \_\_\_\_\_ AUDIBLE: YES \_\_\_ NO \_\_\_

**FOOD ESTABLISHMENTS ONLY**

DO YOU PROVIDE OUTDOOR DINING? YES \_\_\_ NO \_\_\_

WASTE MANAGEMENT COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE AND TIMES OF PICKUP: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF OWNER/AGENT

**NEW AND CHANGE OF OWNERSHIP FOR FOOD ESTABLISHMENT: MONMOUTH COUNTY HEALTH DEPARTMENT REQUIRES A LAYOUT PLAN MUST BE SUBMITTED TO THEM PRIOR TO OPENING AND A SIGNATURE BY A REPRESENTATIVE OF THE HEALTH DEPARTMENT MUST BE OBTAINED BELOW BEFORE SUBMITTING THIS APPLICATION TO THE BOROUGH OF BELMAR.**

DATE: \_\_\_\_\_