



The Family Resort

Borough of Seaside Park

CODE ENFORCEMENT OFFICE

732-250-7569
Fax 732-375-3058

313 SW Central Ave. • Seaside Park, New Jersey 08752

2026 MERCANTILE LICENSE APPLICATION

ALL CHECKS MADE PAYABLE TO THE BOROUGH OF SEASIDE PARK

PLEASE PRINT LEGIBLY

BLOCK _____ LOT _____ PERMIT NUMBER-ML _____

Year-round business deadline: Year-round businesses must have applied for their mercantile license and completed the scheduled inspection by February 28 to avoid a summons.

Seasonal business deadline: Seasonal businesses must have applied for their mercantile license and complete the scheduled inspection within 30 days of opening for business to avoid a summons.

1. BUSINESS INFORMATION:

Trade Name: _____

Address of Business: _____

_____ Individual _____ Partnership _____ Corporation

If partnership/corporation-list names, addresses and telephone numbers of partners having a 10% or more interest.

Type of Business: _____

Product Sold: _____

Manager Name: _____ Business Telephone Number: (_____) _____

Number of coin-Operated vending machines (do not include cigarette machines): _____

Number of coin-operated amusement games: _____ If circus or carnival, number of days: _____

If Hotel, motel, rooming-house or boarding house:

Number of Dwelling Units & Efficiencies: _____ Number of Rooms: _____

If Amusement Ride, overall height: _____ attach diagram showing dimensions and location.

2. APPLICANT INFORMATION:

Applicant Name: _____

Mailing Address: _____

City, State & Zip Code: _____

24 Hour Contact Number _____ EMAIL ADDRESS _____

3. OWNER OF PROPERTY _____

Owner Phone Number _____

4. MOBILE VENDORS ONLY:

When applying for a license to operate a "Motor Vehicle Vending Truck" or "Mobile Vending Unit" attach current Ocean County Health Department Approval.

_____ Motor Vehicle Vending Truck Vehicle Registration _____
_____ Mobile Vending Unit Vehicle License Plate# _____
Operator's License # _____

5. Please provide a copy of any and all that apply:

- ☐ CURRENT Health Department Certificate
- ☐ Liquor License
- ☐ ANSEL Certificate
- ☐ State Hotel, Motel, and Multiple Dwelling Certification
- ☐ Limited Liability Insurance Declaration Page

6. **APPLICANT CERTIFICATION.** I hereby certify that the above statements made by me and the information submitted with this application is true. I also authorize the Borough of Seaside Park Code Enforcement Officer to inspect/re-inspect the premises.

Signature of applicant or authorized agent: _____

Title: _____ Date: _____

For Office Use Only:

Annual Fee: \$125.00 = \$ _____

Coin-Operated Vending Machines / ATM _____ @ \$25.00 = \$ _____

Coin-Operated Amusement Machines _____ @ \$25.00 = \$ _____

Mobile Vending License Annual Fee: \$900.00 = \$ _____

Hotel, Motel, Rooming-houses

Dwelling Units & Efficiencies _____ @ \$15.00 = \$ _____

Rooms _____ @ \$15.00 = \$ _____

TOTAL FEE: \$ _____

Date Received: _____ By: _____ Cash _____ Check _____

_____ E _____ J _____ G _____ ML _____ CERT _____ INS