



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  
 Mobile Vending Unit

Vehicle Registration \_\_\_\_\_  
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