

**APPLICATION FOR MERCANTILE LICENSE
BOROUGH OF OCEANPORT**

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____ (Street)
_____ (City, State, Zip)

BUSINESS PHONE #: (____) _____

OWNER'S NAME: _____

EMERGENCY PHONE #: (____) _____

IF A CORPORATION, THE
NAME AND ADDRESS OF:

PRESIDENT ADDRESS

SECRETARY ADDRESS

IF A PARTNERSHIP, THE
NAME AND ADDRESSES OF
ALL PARTNERS:

PARTNER ADDRESS

PARTNER ADDRESS

PARTNER ADDRESS

APPLICANT'S PRESENT
RESIDENCE:

STREET CITY STATE/ZIP

APPLICANT'S PHONE #: (____) _____

DESCRIPTION OF
PROPOSED BUSINESS: _____

APPLICANT'S RESIDENCE
FOR PAST 5 YEARS:

STREET CITY STATE/ZIP

STREET CITY STATE/ZIP

STREET CITY STATE/ZIP

1. Has Applicant's Mercantile License in this or any other municipality ever been denied or revoked: _____ (NO) _____ (YES)

If yes, describe reason for denial or revocation:

2. Has Applicant, or any owner thereof, ever been convicted of a crime of the first, second, third or fourth degree: _____ (NO) _____ (YES)

If yes, set forth the Date and Place of each conviction:

3. If the Applicant is a corporation, the Name and Address of its Registered Agent:

AGENT

ADDRESS

THE UNDERSIGNED DOES HEREBY CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS TRUE AND COMPLETE, ACKNOWLEDGES THAT THE BOROUGH WILL RELY ON SUCH INFORMATION IN ISSUING THE LICENSE FOR WHICH THE APPLICATION HAS BEEN FILED AND AGREES TO COMPLY WITH ALL LAWS AND ORDINANCES OF THE BOROUGH REGARDING OPERATION OF THE PROPOSED BUSINESS.

DATE: _____

SIGNED: _____

TITLE: _____

**ANNUAL LICENSE FEE OF \$25.00 MUST ACCOMPANY THIS APPLICATION
AND BE RETURNED TO THE OFFICE OF THE BOROUGH CLERK
BY JANUARY 1ST OF THE LICENSING YEAR**