

**CITY OF NORTH WILDWOOD**  
**Mercantile License Application**

Please print.

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Corporation Name (if any): \_\_\_\_\_ Tax I.D.: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_ Phone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Business:

- Retail business requires square footage of premises:

Owner of Premises (if leasing): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Restaurant Businesses (ONLY): Signature Plumbing Subcode Official Signature and a  
C.M.C. Health Sanitation report is required.

Seating Capacity: \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_  
Food Handling: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(This includes any kind of food products for sale)

Plumbing Subcode Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Sanitation Report (Copy Attached): \_\_\_\_\_ Yes \_\_\_\_\_ No

Coin Operated Machines: Description of coin-operated machines are coin-op machines that offer any  
products or services to a customer for a fee

(List each machine)

1. _____	6. _____	Washers/Dryers (total amount): _____
2. _____	7. _____	
3. _____	8. _____	
4. _____	9. _____	
5. _____	10. _____	

Has any previous License issued by the City of North Wildwood ever been suspended or revoked?  
\_\_\_\_\_ Yes (reason \_\_\_\_\_) \_\_\_\_\_ No

**OFFICE USE ONLY:**

I certify that the license will not violate the zoning ordinance:

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Official: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this application has been processed according to City Code Chapter 58:

City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

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**Statement of Ownership**

- Check this box, if the business is owned by one person and is not a corporation or partnership. Insert name and address of owner below:

Name: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Check this box, if the business is a partnership owned by two or more persons and is not a corporation. Insert name(s) and address(es) of each owner in which said person has a 10% or more interest in the partnership below:

- (1) Name: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- (2) Name: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- (3) Name: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check this box, if the said business is a corporation. Insert name(s) and address(es) of each owner in which said person has a 10% or more of the corporation stock below and also note the State of Incorporation:

- (1) Name: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- (2) Name: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- (3) Name: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

INCORPORATED IN THE STATE OF:

Owner's Signature: \_\_\_\_\_  
Title (if applicable): \_\_\_\_\_