



Fees (Licenses run from 6/1 thru 5/31):  
\$50 Annual  
\$250 Towing and Food Trucks  
\$25 Seasonal or if applied for after January 1st

**CITY OF EGG HARBOR  
MERCANTILE LICENSE APPLICATION**

1. Owner/Operator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax: \_\_\_\_\_

3. List all business, profession or trade that will be conducted under this license:  
\_\_\_\_\_  
\_\_\_\_\_

4. Has anyone listed in this application ever been convicted of any crime? Y \_\_\_ N \_\_\_

Explain: \_\_\_\_\_

5. State experience (if any) applicant has had in the operation of the business profession or trade for which you are filing this application or any life experience that would qualify you for the operation of said business, profession or trade.

\_\_\_\_\_  
\_\_\_\_\_

**STATE OF NEW JERSEY  
COUNTY OF ATLANTIC**

\_\_\_\_\_ being of full age and duly sworn according to law upon his/her oath, said that he/she is the petitioner mentioned in the above application for a Mercantile License, that the above schedule is a true and correct list of businesses, professions, trades or callings conducted by the deponent upon the above mentioned premises. I declare under the penalties of perjury that the statements contained in this application are true to the best of my knowledge and belief.

**Applicant Signature & Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For City Use Only:**  
Mercantile License # Issued: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_  
This is to certify that we have examined the above application, found it to be correct and do hereby approve the same.  
Certificate of Occupancy #: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# City of Egg Harbor Police Department

## Business Information & Emergency Contact information

<b>Business Information</b>		
Business Name:		
Business Address:		
City: Egg Harbor City	State: New Jersey	Zip Code: 08215
Business Phone:		Fax Number:
Owner's Name:		
Owner's Home Phone:		Cell Phone:
E-mail Address:		
<b>Emergency Contact Information</b>		
Contact #1:		Home Phone:
Contact #1 Address:		Cell Phone:
Contact #2:		Home Phone:
Contact #2 Address:		Cell Phone:
Contact #3:		Home Phone:
Contact #3 Address:		Cell Phone:
Contact #4:		Home Phone:
Contact #4 Address:		Cell Phone:
Alarm Company:		Alarm Company Phone:
<b>Miscellaneous Information</b>		

Return form to :  
Egg Harbor City  
500 London Avenue  
Egg Harbor City, NJ 08215

Or Fax to 609-965-0715