

PLEASE PRINT

2023

BOROUGH OF BEACHWOOD MERCANTILE LICENSE APPLICATION

LICENSE FEE: \$125.00 License Expires on December 31st of each year.

A NEW BUSINESS – CANNOT OPEN UNTIL THIS APPLICATION IS APPROVED

Application will not be processed unless form is complete with all necessary attachments.

BUSINESS NAME: _____ TELEPHONE # _____

BUSINESS ADDRESS: _____ BLOCK _____ LOT: _____

EMERGENCY INFORMATION MUST BE PROVIDED

EMERG. CONTACT NAME: _____ **EMERG. TELE #** _____

APPLICANT EMAIL ADDRESS _____

APPLICANT OWNS _____ RENTS _____ FROM _____
(Please provide name of property owner)

Property Owner Address: _____

Property Owner Phone Number () _____

IF PROPERTY OWNER OPERATED, APPLICATION WILL NOT BE ISSUED IF TAXES ARE DELINQUENT

TAXES ARE CURRENT _____ TAXES ARE DELINQUENT _____

N.J. SALES TAX CERTIFICATE IS REQUIRED TO BE ATTACHED YES _____ NO _____

N.J. BUSINESS REGISTRATION INSURANCE CERTIFICATE IS REQUIRED TO BE ATTACHED YES _____ NO _____

License will not be issued – without Sales Tax Certificate & Business Registration Insurance which is required by law.

1. Hazardous Materials used or stored YES _____ NO _____

2. Provide Alarm Co. Information (Burglar, Fire etc.) _____

3. Attached O.C. Board of Health Certification if consumable products are sold in this location YES _____ NO _____

4. Have you ever had a Mercantile License Suspended or Revoked _____ YES _____ NO _____

DESCRIBE IN DETAIL THE TYPE OF BUSINESS TO BE OPERATED AT THIS LOCATION

PLEASE LIST ALL PERSONNEL FOR POLICE BACKGROUND INVESTIGATION
PLEASE INCLUDE ANY AND ALL PARTNERS IN THIS BUSINESS

NAME	ADDRESS, CITY	SOCIAL SECURITY #	DATE OF BIRTH	PERSONAL PHONE #

A.D.A. COMPLIANCE:

1. DOES YOUR BUSINESS COMPLY WITH FEDERAL BARRIER FREE REGULATIONS? _____ YES _____ NO

2. ARE CHANGES BEING MADE TO FACILITATE YOUR BUSINESS? _____ YES _____ NO

IF YES DESCRIBE CHANGES _____

PERMIT OBTAINED: _____ YES _____ NO (LICENSE NOT ISSUED WITHOUT PERMITS)

Applicant Signature: _____ **Date:** _____

Municipal Office Use Only

POLICE DEPT APPROVAL: _____ ZONING OFFICER APPROVAL: _____ FIRE PREVENTION OFFICIAL APPROVAL: _____
(No outstanding issues) (No outstanding issues) (No outstanding issues)

LICENSE # ISSUED: _____ DATE: _____

SUSAN A. MINOCK, RMC - MUNICIPAL CLERK