

PLEASE PRINT

2024

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 CERTIFICATE OF LIABILITY IS REQUIRED TO BE ATTACHED **YES** _____ **NO** _____

License will not be issued – without Sales Tax Certificate & Insurance Certificate of Liability 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: _____
(No outstanding issues)

ZONING OFFICER APPROVAL: _____
(No outstanding issues)

FIRE PREVENTION OFFICIAL APPROVAL: _____
(No outstanding issues)

LICENSE # ISSUED: _____ **DATE:** _____

SUSAN A. MINOCK, RMC - MUNICIPAL CLERK