

BOROUGH OF SEA BRIGHT
APPLICATION FOR MERCANTILE LICENSE

Pursuant to Chapter 140 of the Ordinance of the Borough of Sea Bright, issuance of a Mercantile License is hereby requested.

1. Applicant Name: _____

Home Address: _____

Home Telephone Number: _____

2. Location where Business will be operated: _____

Block _____ Lot _____ Zone _____

3. Trade name of Business: _____

4. Type of Business: _____

5. Telephone Number of Business _____

6. Property Owner Information:

Name: _____

Address: _____

Telephone Number: _____

7. If applicant is not an individual, provide below the names, positions and addresses of all officers and managers of the applicants.

Name	Position	Address	Telephone #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. State below any pertinent facts about the applicant, his officers or managers, which will enable the Borough to make a fair examination of the eligibility of the applicant.

Dated: _____ Signature of Applicant _____

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FOR BOROUGH USE ONLY

Approvals Received

Borough Clerk _____

Plumbing Fee Paid _____

Zoning _____

MERCANTILE INFORMATION

Police _____

Date Received _____

Board of Health Inspection
& Permit _____

Date Issued _____

License Number _____

Certificate of Occupancy _____

License Fee _____