

BUSINESS/MERCANTILE/ORGANIZATION
LICENSE APPLICATION



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CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N.J. 07740 (732) 571-5665

FOR OFFICIAL USE ONLY:

Date _____

To: _____ Police Department
_____ Zoning Office
_____ Building Department

_____ Fire Prevention Bureau
_____ Tax Collector
_____ Community & Economic Dev. Off.

Please review and submit in writing to the mercantile office any concerns or objections to this application within 72 hours of above date.

Type of License/Fee: Business/Mercantile/Peddler _____
Retail Food Establishment _____
Plan Review _____
Food/Amusement Vending Machines _____
(\$30.00 for each machine)
of machines _____ X \$30 = _____
Recreational Bathing License _____
Late Fees _____
Total Fees _____

NOTE: It is solely the applicant's responsibility to complete this application form in its entirety. Failure to do so will automatically deem the application incomplete and may subject the application to be denied without prejudice by the appropriate City agency.

Type of Application: New _____ Renewal _____

Proposed Business/Organization Name: _____

Description/Type of Business _____

Location: Address _____

Block: _____ Lot: _____ Bus. Phone# _____

Business is located on: 1st floor: _____ 2nd floor: _____ Other: _____

* If other - Please explain: _____

Size/area of business location: _____ sq.ft. # of employees _____

Previous or current use located in this specific space _____

Are any other uses located on this property: Yes _____ No: _____

* If yes please explain (i.e., commercial, residential, office etc.)

Name, Address, Telephone number, and title of principals in the business:

Name	Home Address	Home Telephone #	Cell Phone #	Title	Date of Birth
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Landowner: Name _____
 Address _____
 Telephone _____

Will there be any building renovations or expansions involved in this new or continuing use of the property? Yes _____ No _____

If yes explain: _____

PLEASE BE ADVISED THAT ACCEPTANCE OF A FEE DOES NOT INSURE ISSUANCE OF A LICENSE. ALSO BE ADVISED THAT YOU MUST NOTIFY AND/OR SUBMIT PLANS TO BUILDING, FIRE AND HEALTH DEPARTMENT WHEN NECESSARY BEFORE OCCUPYING OR RE-OCCUPYING PREMISES.

THIS FORM MUST BE SIGNED BY AN AUTHORIZED AGENT OF THE APPLICANT BEFORE PROCESSING.

I/We, the applicant(s) in the above entitled matter, certify that the information is true and accurate to the best of my/our knowledge.

Signature of applicant

Signature of landowner