

PLEASE BE SURE ALL INFORMATION IS COMPLETE AND ACCURATE!

**CITY OF SEA ISLE CITY
OFFICE OF THE MUNICIPAL CLERK
233 JOHN F. KENNEDY BLVD.
SEA ISLE CITY, NJ 08243
www.seaislecitynj.us**

Due to avoid a late fee of \$50.00 applications must be in prior to May 30th.

**APPLICATION FOR 2017 MERCANTILE LICENSE
PLEASE RETURN ENCLOSED INVOICE WITH COMPLETED
APPLICATION**

INFORMATION REQUIRED:

Initial application: _____ Renewal: _____ Fee: **\$150.00**

Type of Business: _____

Name of Business: _____

Property Owner: _____ Business Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

State I.D.# _____ Federal I.D.# _____

Location of Business: Block # _____ Lot # _____

Business Street Address: _____

Business Phone# _____ Owners Phone # _____

Number of Employees: _____

Business Email Address: _____

Business Website Address: _____

Check here if you DO NOT want your business information included on the City website.

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In the event of an emergency please provide us with an emergency telephone number: ()
_____ and the name of a contact person _____ this number
will be forwarded to the local police/fire departments.

Owner's Signature

Date

