

BUSINESS REGISTRATION INSTRUCTIONS

1. Please complete and sign application.
2. Prior to the issuance of a business registration certificate, a Certificate of Occupancy must be filed with the Building Department. Licensing regulations require that all premises be inspected and approved.
3. A Corporate Officer, Business Owner, Partner or Local Manager of Franchise are permitted to file as the applicant.
4. The applicant (not State licensed) must file an electronic (online) Criminal History Record from the New Jersey State Police.

Upon completion of your request, you must provide a confirmation printout from the website (if needed request form).

5. A copy of the State License Certificate for the specialized service.
6. A copy of the Board of Health Certificate (if applicable).
7. All documentation must be submitted before any application will be processed. No business will be permitted to operate until the Business Registration Certificate is issued by the City Clerk.
8. The Office of the City Clerk will contact the applicant after the application has been processed. Be sure to provide a current telephone number with your application.



Office of the City Clerk
18 N First Street
Pleasantville, NJ 08232
609-484-3600

BUSINESS REGISTRATION CHECKLIST

BUSINESS NAME: _____

_____ APPLICATION FEE OF \$_____ (upon approval)

_____ CERTIFICATE OF OCCUPANCY (CO)

_____ CONFIRMATION PRINTOUT OF THE CRIMINAL HISTORY RECORD INFORMATION REQUEST (if applicable)

_____ NEW JERSEY OF STATE LICENSE CERTIFICATE

_____ ATLANTIC COUNTY BOARD OF HEALTH CERTIFICATE (if applicable)

_____ NEW JERSEY STATE CERTIFICATION OF INCORPORATION (if applicable)

_____ COPY OF THE APPICANT'S DRIVER'S LICENSE (if applicable)

Approval:

Davinna P. King-Ali, City Clerk

Date: _____

License issued: _____

Office Use:

Received Application: _____

Forward to Police Dept.: _____



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BUSINESS REGISTRATION APPLICATION

Business Name: _____

Address: _____

Block _____ Lot _____ Business Telephone Number: _____

Mailing Address (if different from above): _____

Business Email Address: _____

Type of Business: _____

Days of Operation: _____ Hours of Operation: _____

Vending Machines: Yes ____ No ____ Number of Machines: _____ NAICS#: _____

Federal Tax I.D. Number: _____ State Tax I.D. Number: _____

Are you located in the Urban Enterprise Zone (UEZ)? Yes ____ No ____ Unknown ____

Are you a member of the Urban Enterprise Zone: Yes ____ No ____

List three (3) business references including name, address and telephone:

1. _____

2. _____

3. _____

Does the applicant maintain another business in the City of Pleasantville? Yes ____ No ____

If yes, state the business and name: _____

Does the applicant presently hold a mercantile license from any other municipality?

Yes ____ No ____ If yes, name of municipality and type of business: _____

Indicate type of ownership:

Sole Proprietorship _____
Partnership _____
Corporation _____
L.L.C. _____

List owners of Corporation/Business and respectful titles:

Applicant Information

Owner/Proprietor Name: _____

Include any other names, nicknames or aliases you have been known under:

Address: _____

Telephone Number: _____ Title: _____

DOB: _____ Social Security #: _____

Email Address: _____

Have you ever been convicted of any Crimes/Misdemeanors: Yes ___ No ___

If yes, indicate date and nature of the crime and penalty or punishment imposed: _____

Does the applicant possession a NJ State License? Yes ___ No ___

If yes, please indicate the type and license number: _____

Manager of the business (if applicable):

Name: _____ Telephone Number: _____

Address: _____

NJ State Lic./Reg/Cert#: _____ Email Address: _____

Signature of Applicant: _____ Date: _____

Property Owner must complete the following statement:

PROPERTY OWNER/LANDLORD STATEMENT

I _____, the owner of Block _____,
Lot(s) _____, aka _____
(Street address)

City of Pleasantville, hereby acknowledge that this application by _____
(Tenant)
_____ for a Mercantile License of said property is made with
my complete knowledge and understanding that the proposed use of the property
conforms to all Municipal Ordinances and Regulations.

Signature of Property Owner

Name: _____
(please print)

Address: _____

Phone: _____ Email Address: _____

Please list below the name of the previous business at this location

Previous Business Name: _____

Pleasantville Police Department

Emergency Business Contact

Business ID.# _____
Case.# _____
Internal Use Only

Business Information

Name		
Address		
City		
Business Telephone	Business Fax	Direct Manger Telephone
Type of Business	Hazmat Y/N	Number of Employees

Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Business Ownership Information

		Telephone	
Name	Address	Home	Cell/Pager

Emergency Contact Information

Name	Address	Home	Cell/Pager
#1			
#2			
#3			

Property Ownership Information

(Please include realtor information if applicable)

Name	Address	Office#	Home#	Cell/Pager#

Pleasantville Police Department

Emergency Business Contact

Structure Information

Construction Type		Square Foot	# of Stories	Basement	Attic	Roof Access
				Y/N	Y/N	Y/N
Area	Location					
Alarm Panel						
Entrances						
Exits						
Fire Doors						
Stairways						
Elevators						

Power Supply

Electrical System Shut-Off Location		Electrical System Type			
		Circuit Breaker		Fuse	
Heating System Shut-Off Location		Heating System Type			
		Oil	Gas	Electric	Other

Fire Suppression

Sprinkler System		Location in Building		Type	Stand Pipe	Stand Pipe Location
Y	N	Full	Partial	Wet/Dry	Y/N	
Fire Hydrant Location				Color		Distance to Property (Feet)
#1						
#2						

Alarm Information

Alarm Company	Telephone	Burglar	Fire	Panic/Holdup	Other

Insurance Information

Insurance Company	Policy #	Expiration	Telephone

Signature _____

Title _____

Date _____