

**City of Pleasantville**  
**Office of the Clerk**  
**18 N. First Street**  
**Pleasantville, New Jersey 08232**  
**609-484-3613**

**MERCANTILE APPLICATION INSTRUCTIONS**

1. Complete the application in full and have your signature notarized (*Please print legibly*)
2. All Corporations must submit a copy of a New Jersey State Certificate of Incorporation. Corporations based outside New Jersey must file as such.
3. Board of Health Certificates must be included with any establishment involved in the handling of food.
4. Prior to filing this application, the applicant must apply for a Certificate of Occupancy with the Building Department. Licensing regulations require that all premises be inspected and approved. This Certificate of Occupancy or Certificate of Continued Occupancy must be issued PRIOR to the issuance any Mercantile License.
5. A Corporate officer, business owner, partner or local manager of Franchise are permitted to file as the applicant. This person must follow the attached instructions to request 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 .
6. All documents must be submitted before the application is processed. No business will be permitted to operate until the mercantile license is issued by the City Clerk.
7. The Office of the City Clerk will contact the applicant after the application has been processed and approved. The approval process could possibly take up to **30 days**. Please be sure to provide a current telephone number.



## MERCANTILE APPLICATION CHECKLIST

**BUSINESS NAME** \_\_\_\_\_

\_\_\_\_\_ COMPLETED APPLICATION

\_\_\_\_\_ APPLICATION FEE OF \$ \_\_\_\_\_ (upon approval)

\_\_\_\_\_ NEW JERSEY STATE CERTIFICATION OF  
INCORPORATION (if applicable)

\_\_\_\_\_ ATLANTIC COUNTY BOARD OF HEALTH  
CERTIFICATE (if applicable)

\_\_\_\_\_ CONFIRMATION PRINTOUT OF THE CRIMINAL HISTORY  
RECORD INFORMATION REQUEST (see the attached)

\_\_\_\_\_ COPY OF THE APPLICANT'S DRIVER'S LICENSE

Approval:

\_\_\_\_\_ Date: \_\_\_\_\_ T/P  
Davinna P. King-Ali, City Clerk

Temporary License issued \_\_\_\_\_

Permanent License issued \_\_\_\_\_

**Office Use:**

Received Application \_\_\_\_\_  
Forward to Police Dept. \_\_\_\_\_



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**Mercantile License Application**

Business Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Address of Business: \_\_\_\_\_

\_\_\_\_\_

Mailing Address of Business (if different from above): \_\_\_\_\_

\_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Federal Tax I. D. Number: \_\_\_\_\_

State Tax I.D. Number: \_\_\_\_\_

C.O. Number (if available): \_\_\_\_\_

Name, address and telephone number of applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Include any other names, nicknames or aliases under which applicant is or has been known \_\_\_\_\_

Describe in detail type of business activity to be conducted: \_\_\_\_\_

\_\_\_\_\_

List goods, articles, merchandise or service to be sold or supplied:

\_\_\_\_\_

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Indicate type of ownership:

Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

L.L.C. \_\_\_\_\_

List owners of Corporation/Business and respectful titles:

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Name and Title of applicant and relationship of applicant to business: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Prior licensing history of business and applicant together with all other names and locations under which this applicant has conducted business: \_\_\_\_\_

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

Yes \_\_\_ No \_\_\_

If yes, name of municipality and type of business together with name under which the license was issued, mercantile number and expiration date: \_\_\_\_\_

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Has applicant ever had a mercantile license revoked or suspended?

Yes \_\_\_ No \_\_\_

If yes, name of municipality in which the license was suspended or revoked, business name in which license was issued, date of suspension, reason for suspension? \_\_\_\_\_

Are you located in the UEZ (Urban Enterprise Zone)? Yes \_\_\_ No \_\_\_ Unknown \_\_\_  
Are you a member of the Urban Enterprise Zone? Yes \_\_\_ No \_\_\_

Operation of licensed business:  
Days of the week: \_\_\_\_\_  
Hours: \_\_\_\_\_

If you are not the owner of the premises, list name, address and telephone number of owner/landlord and term of lease:  
\_\_\_\_\_  
\_\_\_\_\_

Property owner must complete the following statement:

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**PROPERTY OWNER/LANDLORD STATEMENT**

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

City of Pleasantville, hereby acknowledge that this application by \_\_\_\_\_  
\_\_\_\_\_ 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.

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

\_\_\_\_\_

Name \_\_\_\_\_  
(please print)  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of property owner

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Additional businesses being conducted by you or anyone else at this location?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

Square footage of building space occupied by your business: \_\_\_\_\_

Number of cigarette vending machines? \_\_\_\_\_

Number of mechanical amusement/amusement video devises and description of each: \_\_\_\_\_

\_\_\_\_\_

Number of vending machines (other than cigarettes) on premises and description of each: \_\_\_\_\_

\_\_\_\_\_

Number of coin operated washers/dryers? \_\_\_\_\_

\_\_\_\_\_

Number of seats (if applicable)? \_\_\_\_\_

Have you ever been convicted of any Crimes/Misdemeanors? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

If yes, indicate date of crime, nature of crime and penalty or punishment imposed: \_\_\_\_\_

\_\_\_\_\_

Does applicant have additional employment? Yes \_\_\_ No \_\_\_. If yes, indicate name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

Type of business: \_\_\_\_\_

REFERENCES:

You will need to list **ONE** business and **TWO** personal references include names, addresses and telephone numbers: (Cannot be a relative of the applicant.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby set forth the answers, statements and declarations on this application are absolutely true in all respects. Any falsification of this document will result in the denial of my license application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public