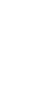


Office of the City Clerk 18 N First Street Pleasantville, NJ 08232 609-484-3600

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.



The City of

Pleasantville NJ

Feel the Energy.

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

MERCANTILE APPLICATION CHECKLIST

| BUSINES | SS NAME: | |
|-------------|---------------------------------------|---|
| | | |
| | COMPLETED APP | PLICATION |
| | APPLICATION FEE | E OF \$ (upon approval) |
| | NEW JERSEY STA INCORPORATION | ATE CERTIFICATION OF (if applicable) |
| | ATLANTIC COUNTY CERTIFICATE (if ap | Y BOARD OF HEALTH oplicable) |
| | | RINTOUT OF THE CRIMINAL HISTORY ATION REQUEST (see attached) |
| | CERTIFICATE OF C | OCCUPANCY (CO) |
| | COPY OF THE APP | PLICANT'S DRIVER'S LICENSE |
| Approval: | | |
| Davinna P | . King-Ali, City Clerk | Date: |
| License is: | sued: | |
| | | Office Use: |
| | | Received Application: |
| | | Forward to Police Dept.: |





Mercantile License Application

| Business Name: |
|--|
| Corporate Name: |
| Address of Business: |
| |
| Mailing Address of Business (if different from above): |
| |
| Business Telephone Number: |
| Business Email Address: |
| Operation of licensed business: |
| Days of the week:SunMonTueWedThursFriSat |
| Hours: |
| Federal Tax I. D. Number: |
| State Tax I.D. Number: |
| C.O. Number (if available): |
| Describe in detail type of business activity to be conducted: |
| |
| List goods, articles, merchandise or service to be sold or supplied: |
| |

| Indicate type of ownership: |
|--|
| Sole Proprietorship |
| Partnership Corporation |
| L.L.C. |
| e Proprietorship thereship proporation C towners of Corporation/Business and respectful titles: ditional businesses being conducted by you or anyone else at this location? s No es, explain in detail: plicant Information me of Applicant: tude any other names, nicknames or aliases under which applicant is or has been own: dress: ephone Number: Title: attionship to Business: estionship to Business: |
| Additional businesses being conducted by you or anyone else at this location? Yes No |
| If yes, explain in detail: |
| |
| Applicant Information |
| Name of Applicant: |
| Include any other names, nicknames or aliases under which applicant is or has been |
| known: |
| |
| Address: |
| Telephone Number: Title: |
| Relationship to Business: |
| DOB: Social Security #: |
| Email Address: |
| Have you ever been convicted of any Crimes/Misdemeanors? YesNo |
| If yes, indicate date of crime, nature of crime and penalty or punishment imposed: |
| |
| Prior licensing history of business and applicant together with all other names |
| and locations which this applicant has conducted business: |
| |

| 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: |
| 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? |
| If you are not the owner of the premises, list name, address and telephone number of owner/landlord and term of lease: |
| Are you located in the UEZ (Urban Enterprise Zone)? Yes No Unknown |
| Are you a member of the Urban Enterprise Zone? Yes No |
| Square footage of building space occupied by your business: |
| Number of cigarettes 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)? |

| Does applicant have additional employment? | Yes No |
|---|--|
| | number: |
| Type of business: | |
| References: | |
| You will need to list ONE business and TWO and telephone numbers. The references cann | personal references include names, addresses not be a relative of the applicant. |
| 1 | |
| 2 | |
| 3 | |
| I hereby set forth the answers, statements and are absolutely true in all respects. Any falsification the denial of my license application. | • • • |
| Signature: | Date: |
| Sworn and subscribed before me thisday of | |
| Notary Public | |

Property Owner must complete the following statement:

| |
|------|

PROPERTY OWNER/LANDLORD STATEMENT

| I | , the owner of Block, |
|---------------------------|--|
| Lot(s), ak | a |
| | (Street address) |
| City of Pleasantville, he | ereby acknowledge that this application by(Tenant) |
| | for a Mercantile License of said property is made with my |
| complete knowledge a | nd understanding that the proposed use of the property conforms to |
| all Municipal Ordinance | es and Regulations. |
| | |
| Signature of Property (| Dwner Dwner |
| Name: | |
| Name:(please pr | int) |
| Address: | |
| | Email Address: |
| - Hollo: | |
| Please list below the | name of the previous business at this location |
| | ne: |
| | |

Pleasantville Police Department Emergency Business Contact

| Business ID.# | | | | | | |
|-------------------|--|--|--|--|--|--|
| Case.# | | | | | | |
| Internal Use Only | | | | | | |

| Business Inform | nation_ | | | | | | | Intern | al Use C | <u>Only</u> |
|--------------------------------|------------------|-----------------|-----------|----------|--------|---------------------------|------------------|--------|----------|-------------|
| Name | | | | | | | | | | |
| Address | | | | | | | | | | |
| City | | | | | | | | | | |
| Business Tele | phone | Business | Fax | | | Direct I | Manger Teleph | one | | |
| Type of Business Hazmat Number | | | | | | r of Employees | 3 | | | |
| Hours of Opera | <u>tion</u> | | | | | | | | | |
| Sunday | Monday | Tuesday | Wedn | esday | Th | ursday | Friday | Sat | urday | |
| | | | | | | | | | | |
| Business Owner Name | rship Informatio | Address | Address | | | Telephone Home Cell/Pager | | | ngor | |
| Name | | Address | | | | | Home | | Cell/Pa | igei |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Emergency Con | tact Information | <u>n</u> | | | | | 1 | | | |
| Name #1 | | Addres | S | | | | Home | | Cell/Pa | ager |
| #2 | | | | | | | | | | |
| #3 | | | | | | | | | | |
| #4 | | | | | | | | | | |
| #5 | | | | | | | | | | |
| Property Owne | rship Informatic | o <u>n</u> (Ple | ase inclu | ıde real | tor in | formatio | n if applicable) | | I | |
| Name | | Address | | | | | Office# | | me# | Cell/Pager# |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Pleasantville Police Department

Emergency Business Contact

| | ation_ | | 1 | T | ı | | | |
|------------------------------|---------------|-----------|-------------|---|--------------------------------|----------------|-----------------------------|--|
| 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 | | | | | | | | |
| ower Supply | | | | | | | | |
| ower Supply Electrical Syste | m Shut-Off I | ocation | | Flectrical Sv | vstem Tyne | | | |
| Licetifical Syste | in shat on i | -00001011 | | Electrical System Type Circuit Breaker Fuse | | | | |
| Heating Syster | n Shut-Off Lo | cation | | Heating Sys | tem Type | | | |
| | | | | Oil | Gas | Electric | Othe | |
| re Suppression | | | | | | | | |
| Sprinkler Syste | m | Location | in Building | Туре | Stand Pipe Stand Pipe Location | | | |
| Υ | N | Full | | Wet/Dry | Y/N | | | |
| Fire Hydrant Lo | ocation | | | Color | | Distance to Pr | Distance to Property (Feet) | |
| #1 | | | | | | | opo. 1, (. 001) | |
| #2 | | | | | | | | |
| larm Informatio | n | | | | | | | |
| | | Telephon | Telephone | | Fire | Panic/Holdup | Other | |
| | | | | | | | | |
| nsurance Inforr | nation_ | | | | | | | |
| Insurance Company Policy # | | Policy # | | Expiration | Telephone | | | |
| | | | | | | | | |
| | | | | | | | | |
| Signature | | | | Title | | Dat | | |

^{*}This information will not be given out except for emergency response by Police and Fire Services.

ELECTRONIC REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR NON-CRIMINAL JUSTIC PURPOSE (Form 212-A)

APPLICANT INSTRUCTIONS- STEP 1

For the purpose of these instructions, electronic filing is to be used for <u>Firearms Licensing & Local Ordinance</u> only.

Local Ordinance

To be used for those applicants who are applying with the City of Pleasantville for a Mercantile, Taxi, Vendor or another local ordinance regulation which would require a History Record Check of the applicant.

Firearms licensing

To be used for those applicants who, already have been issued a Firearms Identification Card and/or have a SBI number by the NJ State Police specifically for FIREARMS.

First time firearms applicants must complete the NJ Universal Fingerprint Form so they can be fingerprinted through the Morpho Trust Company.

APPLICANT INSTRUCTIONS- STEP 2

- ✓ Applicant must be provided with the nine-digit Originating Agency Identification Number (ORI)
- ✓ The Pleasantville Police Department ORI number is: **NJ0011900**
- ✓ Applicant will log on to https://www.njportal.com/njsp/criminalrecords/ and click on the ONLINE FORM 212, a highlighted block located on the lower left side of the page.
- ✓ The applicant will follow the prompts for demographic and payment information.
- ✓ Upon completion of the form, the applicant will receive an email Confirmation & Receipt that will include a confirmation number.
- ✓ At this time the request will be forwarded to the Pleasantville Police Department's work queue for approval and submission to the NJ State Police for processing.
- ✓ The applicant can find more detailed information by clicking on the **Help Tab**, located on the top right side of the page.