



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.



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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: _____
Davinna P. King-Ali, City Clerk

License issued: _____

Office Use:

Received Application: _____

Forward to Police Dept.: _____



Office of the Clerk
18 N First Street
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609-484-3613

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: __ Sun __ Mon __ Tue __ Wed __ Thurs __ Fri __ Sat

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. _____

List owners of Corporation/Business and respectful titles:

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? Yes ____ No ____

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 ___

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. The references 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

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

Business Ownership Information		Telephone	
Name	Address	Home	Cell/Pager

Emergency Contact Information

Name	Address	Home	Cell/Pager
#1			
#2			
#3			
#4			
#5			

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

*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 Firearms Licensing & Local Ordinance 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.