

Borough of Seaside Heights
 901 Boulevard
 Seaside Heights, New Jersey 08751
 (T) 732-793-9100 (F) 732-793-0319
 Email: www-seaside-heightsnj.org

MERCHANTILE LICENSE APPLICATION

For Rental of Apartments, Cottages, Rooms and Hotel/Motel Businesses

PLEASE TAKE NOTICE that Chapter 122, Article I of the Code of the Borough of Seaside Heights has been amended to read: "Any person, persons or corporations engaged in or operating any rental business, whether it is apartments, cottages, rooms or single family homes shall be required to secure a license for same." Any person failing to obtain a license is subject to a fine up to \$500.00.

_____ Date of Application

 Name of Owner Social Security Number Drivers License # & State

 Owner Mailing Address (Number, Street, Town/City, State and Zip Code)

(____) _____ (____) _____ (____) _____
 Home Telephone Cellular Telephone Work Telephone w/extension

 Address of Property to be Licensed

Are you State Inspected?	YES _____	NO _____
Number of Apartments or Condos	_____	DATE YOU WILL
Number of Cottages	_____	START RENTING
Number of Rooms (Complete only if rooming house)	_____	_____
Number for Owners Use	_____	
Total Number of Units	_____	
THIS PROPERTY IS NOT RENTED	_____	

THIS SECTION TO BE COMPLETED BY HOTEL/MOTEL OWNERS ONLY

Number of Hotel/Motel Units	_____
Number of Apartments	_____
Number of Hotel/Motel Units for Owners Use	_____
Number of Apartments for Owners Use	_____
Total Number of Units	_____

Trade Name of Hotel/Motel: _____

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MERCHANTILE LICENSE APPLICATION

For Stores and Restaurants

Chapter 122 of the Code of the Borough of Seaside Heights requires any person or corporation engaged in, conducting or operating any business within the limits of the Borough to secure a license for the business and pay an annual fee. All licenses granted by the Borough shall expire on the 31st day of December of each and every year without regard to the time when issued.

NAME _____ DATE OF APPLICATION _____

MAILING ADDRESS _____ (NUMBER, STREET, TOWN/CITY, STATE AND ZIP CODE) _____

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HOME TELEPHONE BUSINESS TELEPHONE SOCIAL SECURITY NUMBER

NAME OF CORPORATION _____ TRADE NAME _____

ADDRESS OF PREMISE TO BE LICENSED _____ DATE BUSINESS WILL COMMENCE _____

DESCRIPTION OF BUSINESS _____ (IF RESTAURANT - TYPE OF FOOD SOLD) _____

NAME OF LICENSEE AND PREVIOUS BUSINESS CONDUCTED AT THIS ADDRESS _____

If engaged in a Retail Food Business, have you applied for inspection of the premises and equipment by the Ocean County Board of Health?

_____ YES _____ NO O. C. Board of Health Tel: 732-341-9000

If this is a new building, a Certificate of Occupancy must be issued before business can commence.

Have you secured a Certificate of Occupancy _____ YES _____ NO

A Change of Use Permit must be issued before business commences in any reconstructed building.

Have you secured a Change of Use Permit _____ YES _____ NO

SIGNATURE OF APPLICANT

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MERCHANTILE LICENSE APPLICATION

For Commercial Parking Lots

Chapter 122 & 146 of the Code of the Borough of Seaside Heights requires any person or corporation engaged in, conducting or operating any business within the limits of the Borough to secure a license for the business and pay an annual fee. All licenses granted by the Borough shall expire on the 31st day of December of each and every year without regard to the time when issued.

NAME _____ DATE OF APPLICATION _____

MAILING ADDRESS _____ (NUMBER, STREET, TOWN/CITY, STATE AND ZIP CODE) _____

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HOME TELEPHONE BUSINESS TELEPHONE SOCIAL SECURITY NUMBER

NAME OF CORPORATION _____ TRADE NAME _____

ADDRESS OF PREMISE TO BE LICENSED _____ DATE BUSINESS WILL COMMENCE _____

SIZE OF PROPERTY _____ SQUARE FOOTAGE _____

Number of Cars to be parked on property for your own use _____

Square footage for private use _____

DO YOU INTEND TO PARK BUSES? _____ YES _____ NO

If YES, SECURE APPROVAL FROM THE FOLLOWING BOROUGH DEPARTMENT:

I, HEREBY APPROVE THE PARKING OF BUSES AT THE ABOVE ADDRESS FOR COMMERCIAL PURPOSES: _____

INSPECTION DATE _____ CHIEF OF POLICE _____

MEASUREMENTS OF PROPERTY _____ INSPECTORS SIGNATURE _____