



# City of Sea Isle City

MUNICIPAL SERVICES - 2ND  
233 JOHN F. KENNEDY BLVD.  
SEA ISLE CITY, NJ 08243  
609-263-4461

**To avoid a late fee of \$50.00 applications must be in prior to May 30<sup>th</sup>.**

***All information must be completed or form will be returned.***

## APPLICATION FOR 2025 MERCANTILE LICENSE

Initial application: Yes / No    Renewal: Yes / No    Fee: \$150.00

Type of Business: \_\_\_\_\_

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

Property Owner: \_\_\_\_\_ Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State ID#: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Location of Business:

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Street Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Owners Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Seasonal Business: Yes / No

Business Email Address: \_\_\_\_\_

Business Website Address: \_\_\_\_\_

\_\_\_\_\_ Check here if you DO NOT want your business information on the City website.

In the event of an emergency please provide us with an emergency number: (       ) \_\_\_\_\_ - \_\_\_\_\_  
and the name of the contact person \_\_\_\_\_ this number will be forwarded to  
the local Police/ Fire departments.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

## **Renewal Mercantile Application**

### Request to Zoning Officer For Determination (Zoning Officer Use Only):

Name of Existing Business: \_\_\_\_\_

Has the business use, type, size or any physical structural changes occurred from Previous Licensing Year? YES ☐ NO ☐

Description if Change Occurred: \_\_\_\_\_

\_\_\_\_\_  
Business Owner Signature Date

\_\_\_\_\_  
Zoning Officer Signature Date

### Request To Planning Board For Determination (Planning Board Use Only):

Waiver of Site Plan Review Requested Yes ☐ No ☐

\_\_\_\_\_  
Site Plan Review Committee Signature Date

#### Determination of Planning Board

Approved ☐ Denied ☐

\_\_\_\_\_  
Planning Board Signature Date