



# 2024 SHIP BOTTOM MERCANTILE LICENSE FOOD HANDLER PERMIT

Application Fee: \$150.00 Late Fee: Additional \$125.00

Please complete your 2024 Mercantile License. Once you have completed the application, sign the back of this document, and mail back to our office along with your license fee. Should you have any questions, do not hesitate to contact our office at [sdelacruz@shipbottom.org](mailto:sdelacruz@shipbottom.org) or (609)-494-2171 Ext. 122.

- Renewals are due by **June 3, 2024**. Fees are non-refundable
- Please provide a copy of **Sales Tax Certificate & Proof of Insurance**
- No business is permitted to operate without a Mercantile License, unless otherwise exempted by Ship Bottom Borough ordinances. Violations are subject to penalty.

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

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ of business property.

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Open Year Round: \_\_\_\_\_ Seasonal \_\_\_\_\_ (Check One). Months Open: \_\_\_\_\_

Proposed Hours of Operation: \_\_\_\_\_

Describe thoroughly the type of business to be conducted at the above address, what products will be stored and the quantity. (Outdoor Displays are not allowed)

\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of Property Owner, if different than applicant.

\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency, can you be reached at the above address and phone number?  Yes  No

If no, list address and phone number where you can be reached: \_\_\_\_\_

Applicant's Fed ID# \_\_\_\_\_

Has applicant ever been convicted of a crime or violation of a municipal ordinance? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Has your mercantile license ever been suspended or revoked for any reason? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

**(Please flip for page two)**

Please sign the following statement, in accordance with the requirements of the Borough Code.

I am not in default or indebted or obligated to the Borough in any manner, except for taxes or water/sewer charges. My business will not violate the zoning ordinances of the Borough. The applicant acknowledges that the issuance of a mercantile license does not constitute a variance or waiver from the zoning or land development regulations of the Borough. All applicants or licensees are required to obtain any necessary zoning or land use permits in accordance with the applicable zoning and land use regulations of the Borough. I understand that any license or permit issued under the provisions of Chapter 5.04 of the Borough Ordinances may be revoked by the officer issuing such license after notice and hearing for any of the following reasons:

1. Fraud, misrepresentation or false statement contained in any application for license.
2. Fraud, misrepresentation or false statement in the conduct of any business or activity authorized by such license.
3. Any violation of Chapter 5.04.
4. Conviction of the licensee for any crime involving moral turpitude.
5. Conducting any business or activity licensed under this chapter, through the licensee himself or any of his agents, servants or employees, in any unlawful manner or in such a manner as to constitute a breach of the peace or a menace to the health, safety or general welfare of the public.
6. Conducting any business or activity not in compliance with the zoning or land use regulations of the Borough.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Zoning/Construction Official: Approved \_\_\_\_ Disapproved \_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Zoning/Construction Official Signature: \_\_\_\_\_

This application is subject to the approval of the Licensing Official. Chapter 5.04 of the Borough Municipal Code shall be the regulations covering this license. A copy of the Ordinance is available in the Municipal Clerk's office.

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Approved: \_\_\_\_ Disapproved: \_\_\_\_ Date: \_\_\_\_\_ License No. \_\_\_\_\_

Authorized Signature: \_\_\_\_\_