

City of Wildwood  
4400 New Jersey Avenue  
Wildwood, NJ 08260  
**Mercantile Application**

Applicant's Name: \_\_\_\_\_

LocalResidenceAddress: \_\_\_\_\_

WinterAddress: \_\_\_\_\_

Local Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Business Entity Name: \_\_\_\_\_ EIN No.: \_\_\_\_\_

Trade Name of Business \_\_\_\_\_

Address of Business: \_\_\_\_\_ Block/Lot: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Owner's Address: \_\_\_\_\_

Proposed Use or Nature of Business: \_\_\_\_\_

Total Licensed Area in Square Feet, include areas not open to the public: \_\_\_\_\_

For eating establishments – number of seats \_\_\_\_ (Health Certificate is necessary for all eating establishments)

Number of parking spots available on site: standard: \_\_\_\_\_ disabled accessible: \_\_\_\_\_

Have you previously received a Mercantile License in the City of Wildwood? \_\_\_\_\_ If so, state the date and name of the business which was licensed: \_\_\_\_\_

Have you ever been denied a Mercantile License in the City of Wildwood? \_\_\_\_\_ If so, set forth the reasons for denial: \_\_\_\_\_

Have you ever had any prior Mercantile License(s) revoked or suspended? \_\_\_\_\_ If so, set for the reasons for the revocation or suspension: \_\_\_\_\_

Is the applicant indebted or obligated in any manner, or with regard to any property, to the City of Wildwood for taxes, water or sewer rates? \_\_\_\_\_ if yes, please describe \_\_\_\_\_

Insurance: Per 7-1.3H of Revised General Ordinances, if required by city, proof of insurance must be submitted with application.

Has applicant ever been convicted of a crime or violation of any municipal ordinance other than a traffic offense? \_\_\_\_\_

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

Applicant hereby consents to the inspection of the premises to be licensed by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable ordinances and property maintenance codes of the City of Wildwood.

**I hereby certify that the information supplied herein is true and correct and understand if any information provided is found to be false, any license issued in reliance upon same is subject to immediate revocation.**

\_\_\_\_\_  
Applicant's Signature or Applicant's Agent Date

**This section to be completed by City Officials:** Circle disposition, sign and date. If referred, attach basis for referral.  
Zoning Official: Approved / Refer to Governing Body \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police or Designee: Approved / Refer to Governing Body \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Official: Approved / Refer to Governing Body \_\_\_\_\_ Date: \_\_\_\_\_

Construction Official: Approved / Refer to Governing Body \_\_\_\_\_ Date: \_\_\_\_\_

Fire Official: Approved / Refer to Governing Body \_\_\_\_\_ Date: \_\_\_\_\_