



City of Cape May

Cape May County, NJ
 National Historic Landmark Resort
 643 Washington Street
 Cape May, NJ 08204-2397
 (609)884-9525 * Fax: (609)884-8589

Block: _____ Lot: _____

May 1st to April 30th

NOTICE: Incomplete applications will not be accepted, and license will not be issued.

Person operating without a current license will be issued a summons to appear in Court and be subject to fine.

If license is not paid prior to May 1st of the applicable license year, a late charge shall be assessed in the amount of 10% of the required fee (excluding the Tourism/Parking Trust Fund fees) for each 30-day period, or a portion thereof, that the payment of the mercantile is late. For licenses for short term rentals, the late fee shall be equal to the applicable square footage fee multiplied by each calendar month the applicant is late. These fees are non-refundable.

PLEASE SELECT ONE BELOW

- New Renewal Not Renewing

Location of Property and Application Type

| | |
|---|--|
| Legal Name of Business (NOTE T/A is below) | |
| Business Location | |
| Suite or Unit | |
| Location City, State, Zip | |

Business Owners Mailing Address & Contact Information

This is the address to which renewal information and licenses will be mailed.

| | |
|-----------------------------------|--|
| Trading As (T/A) If applicable | |
| Business Owner: | |
| Business Street Address | |
| Business Unit No./Suite or PO Box | |
| City, State, Zip | |
| Business Email | |

Other Business Information

| | |
|--|--|
| Business Ownership Type | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC Choose Only One Ownership Type |
| Detailed Statement of Business Ownership | If your business ownership type is other than Individual, you <u>must</u> attach proof of business ownership. |
| Business Phone | |
| Ownership of Business Property | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own the property at the location of this business? |
| Solid Waste Hauler | |
| Nature of Business | |

Real Estate Agent Contact Information

- Real Estate Agent #1 -

| | |
|-------------------------------------|--|
| Name of Real Estate Agent & Company | |
| Mailing Address | |
| City, State, Zip | |
| Daytime Phone | |
| Real Estate Agent's Email | |

- Real Estate Agent #2-

| | |
|-------------------------------------|--|
| Name of Real Estate Agent & Company | |
| Mailing Address | |
| City, State, Zip | |
| Daytime Phone | |
| Real Estate Agent's Email | |

Condo Association/President Contact Information

- President/Condo Association Information -

| | |
|-----------------------------------|--|
| Condo Association/President Name | |
| Condo Association Mailing Address | |
| City, State, Zip | |
| Condo Association/President Phone | |
| Condo Association/President Email | |

Manager's/Operator's Contact Information

| | |
|-----------------------------------|--|
| Manager/Operator Name | |
| Manager/Operator Home Address | |
| Manager/Operator City, State, Zip | |
| Manager/Operator Phone | |
| Manager/Operator Email | |

General and Miscellaneous License Types

| CODE | QUANTITY | DESCRIPTION | EACH | TOTAL |
|------|----------|---|----------|-------|
| 1 | | All businesses not classified herein (if classification not found below) | \$213.00 | |
| 4 | | Artists | \$266.00 | |
| 7 | | Bakery | \$213.00 | |
| 16 | | Number of Coin operated vending/amusement machines | \$43.00 | |
| 17 | | Dry cleaning plant | \$213.00 | |
| 20 | | Laundries, including self service | \$266.00 | |
| 24 | | Number of Commercial Parking Spaces (\$15 per space, \$75 minimum - attach parking plan) | \$15.00 | |
| 26 | | Publishers or printers | \$480.00 | |
| 37 | | Lawn Cutting | \$175.00 | |
| 38 | | Property Maintenance Service | \$175.00 | |
| 39 | | House Cleaning Service | \$175.00 | |
| 221 | | Number of Newspaper boxes (freestanding) | \$43.00 | |
| 222 | | Number of Newspaper boxes located in news rack box assembly | \$97.00 | |

Recreation Related License Types

| CODE | QUANTITY | DESCRIPTION | EACH | TOTAL |
|------|----------|---|------------|-------|
| 2 | | Amusement Establishment locations, including arcades, golf courses, and games of skill, per establishment (Section 4-6) | \$1,062.00 | |
| 9 | | Beach Concession locations, including renting chairs or umbrellas, soft drinks and beach boxes, each location | \$213.00 | |
| 11 | | Number of Bicycle rental stands (total of all locations) | \$266.00 | |
| 12 | | Boat marina - per boat slip | \$22.00 | |
| 13 | | Boat Rental Establishment | \$213.00 | |
| 14 | | Boat Repairs Facility | \$266.00 | |
| 15 | | Circus (Number of Days of Operation) | \$1,947.00 | |
| 23 | | Night club | \$1,062.00 | |
| 32 | | Number of Theater Seats (\$1 per seat, \$300.00 minimum) | \$1.00 | |
| 33 | | Tours (Chapter 469) | \$797.00 | |
| 34 | | Tours (historic home/structure) | \$160.00 | |

Residential and Rental Related License Types

| CODE | QUANTITY | DESCRIPTION | EACH | TOTAL |
|------|----------|---|----------|-------|
| 19 | | Number of Hotels & Motels Rental Units | \$32.00 | |
| 30 | | Number of Tourist/Guest House Units. Check box if food is served. <input type="checkbox"/> | \$32.00 | |
| 35 | | Number of Walk-up sales establishments and stores (without sales areas including food) | \$266.00 | |
| 36 | | Rental of real property - commercial | \$64.00 | |
| 122 | | Event House | \$300.00 | |
| 281 | | Residential Short Term Rental Unit 0-1,000 SF | \$100.00 | |
| 282 | | Residential Short Term Rental Unit 1,001-2,000 SF | \$125.00 | |
| 283 | | Residential Short Term Rental Unit 2,001-3,000 SF | \$175.00 | |
| 284 | | Residential Short Term Rental Unit 3,001-4,000 SF | \$300.00 | |
| 285 | | Residential Short Term Rental Unit 4,001 - 5,000 SF | \$400.00 | |
| 286 | | Residential Short Term Rental Unit 5,001 - + SF | \$500.00 | |
| 291 | | Stores & sales area (incl. food) under 4,000 sq. ft | \$266.00 | |
| 292 | | Stores and sales areas (including food) over 4,000 sq. ft | \$956.00 | |

Restaurant Related License Type

| CODE | QUANTITY | DESCRIPTION | EACH | TOTAL |
|------|----------|---|----------|-------|
| 27 | | Inside Seating Annual Per Seat Fee (SEATING PLAN REQUIRED) | \$7.00 | |
| 110 | | Outdoor Seating Annual Per Seat Fee (SEATING PLAN REQUIRED) | \$7.00 | |
| 123 | | Outdoor Seating Application Fee | \$250.00 | |

| | | | | |
|-----|--|--------------------------------|----------|-----------------------|
| 124 | | Outdoor Seating Annual Renewal | \$10.00 | |
| 869 | | Outdoor Seating Escrow Fee | \$500.00 | |
| 167 | | Peddlers Parking Permit Fee | TBA | You will be contacted |

REQUIRED ASSESSMENTS

| CODE | QUANTITY | DESCRIPTION | EACH | TOTAL |
|------|----------|--|---------|---------|
| 858 | 1 | Tourism Assessment Fee (\$50 per business license) | \$50.00 | \$50.00 |
| 895 | 1 | Outdoor Seating Parking Fund | \$25.00 | \$25.00 |

Total License Fees From Previous Page _____

Total License Fees From Current Page _____

Total Payment _____

*** * * APPLICANT'S CERTIFICATION * * ***

I/we certify that this application is complete and accurate, that all necessary zoning and other approvals have been secured. I/we understand that if any information on this form is found to be inaccurate, or if any necessary zoning or other approvals have not been secured, the City shall not be bound by any license issued in reliance of this certification. Please be advised that if your application is not approved, even though the required fees have been paid, you are not entitled to engage in the business or trade for which you have made application until approval is granted.

DATE SIGNATURE - Owner/President SIGNATURE - Secretary/Partner

Print - Owner/President Print - Secretary/Partner

Thank You!

To: **City of Cape May**
ATT: City Clerk's Licensing Office
643 Washington Street
Cape May, NJ 08204-2397

| |
|----------------------------|
| <u>CITY USE ONLY</u> |
| Receipt: _____ |
| Cash: _____ |
| Check#: _____ |
| Fee Paid: _____ |
| Late Fee: _____ |
| Date Recd: _____ |
| <u>APPROVALS</u> |
| Construction/Zoning: _____ |
| License: _____ |
| Clerk: _____ |