

LICENSE NO: _____ LICENSE FEE: Total Due: _____ \$

TYPE OF BUSINESS: / _____ DATE PAID: _____

VENDING STAMPS: \$ _____ RECEIPT NO: _____



City of Long Beach
Office of the City Clerk
1 West Chester Street, Long Beach, NY 11561 • (516) 431-1002

APPLICATION FOR MERCANTILE LICENSE OR RENEWAL

CHECK ONE: NEW APPLICATION RENEWAL

PLEASE PRINT

DATE: _____

STATE OF NEW YORK:
COUNTY OF NASSAU: SS

I SOLEMNLY SWEAR TO THE TRUTH OF THE FOLLOWING STATEMENTS:

CORPORATE INFORMATION

TRADE NAME: _____

CORPORATE NAME: _____

CORPORATE MAILING ADDRESS: _____

CORPORATE TELEPHONE NO.: _____ EMAIL: _____

TYPE OF BUSINESS: _____

PLEASE LIST OWNER(S) NAME / CORPORATE OFFICERS BELOW:

NAME	ADDRESS (Street, City, State, Zip)	DATE OF BIRTH	TITLE	TEL #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have any of the above named persons
(a) been convicted of a crime? _____ If yes, explain: _____
(b) held licenses previously? _____
(c) had a license revoked? _____

REFERENCES (NEW APPLICANTS ONLY): Please list three business references:

NAME	ADDRESS	TYPE OF BUSINESS	TEL #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LOCATION INFORMATION

LOCATION OF PREMISES IN LONG BEACH TO BE LICENSED: _____

Do you own or have a lease on these premises? _____ If you lease, please state term: _____

ON SITE TELEPHONE NO.: _____ FAX: _____

NAME OF ON SITE MANAGER: _____ TEL #: _____

EMAIL: _____

THIS IS A 2-SIDED FORM. PLEASE COMPLETE BOTH SIDES.

EMERGENCY CONTACT INFORMATION

NAME OF EMERGENCY CONTACT: _____ TITLE: _____

TELEPHONE #: _____ CELL PHONE #: _____

MARKETS, SUPERMARKETS, DRUG STORES & SUPERDRUGS:

Square footage of the store: _____

What foods do you intend to sell?

Fish Frozen Foods Alcoholic Beverages
 Meat Fruits & Vegetables Other _____

RESTAURANTS, BARS, PIZZERIAS, SNACK BARS:

Number of seats: _____

Type of establishment:

Bar Restaurant Snack Bar
 Pizzeria Luncheonette

Do you serve Alcoholic Beverages? YES NO If so, please specify:

Service Bar
 Full Bar: Number of seats/stools: _____

LAUNDROMATS:

Number of washers: _____ Number of dryers: _____

Please include \$7 for each machine.

HOTELS, NURSING HOMES:

Number of sleeping rooms: _____ Number of beds: _____

ALL APPLICANTS MUST COMPLETE THIS SECTION:

Are there any facts which differ from the information given last year? YES NO

If so, please state: _____

Square footage of the facility: _____

Is your business equipped with refrigeration? _____ If so, is it air or water cooled? _____

SANITATION: Does the City of Long Beach pick up your trash? YES NO

If no, please specify carting company: _____ (Include copy of current carting contract)

VENDING MACHINES (in your establishment): Number of Merchandise: _____ Number of Amusement: _____

Please include \$7 for each merchandise machine and \$110 for each amusement machine.

- PURSUANT TO MUNICIPAL CODE ALL BUSINESS ESTABLISHMENTS MUST HAVE FIRE SAFETY EQUIPMENT.
- Applicant acknowledges that it is his (its) obligation to pay for sanitation charges and that the same will be paid prior to issuance of a mercantile license pursuant to Sec. 14-25 of the Code of Ordinances of the City of Long Beach.
- Plans for construction or renovation of either a food selling or food service establishment must be submitted to the NASSAU COUNTY HEALTH DEPT., 106 Charles Lindbergh Blvd., Uniondale, NY 11553
- Applications received after December 1st will be subject to a late fee of \$25 and may face fines of up to \$250 per day.
- INCOMPLETE FORMS WILL BE REJECTED.

CERTIFICATION

In consideration of being granted the license applied for, I hereby agree to comply with all the rules and regulations of the Police Dept., the laws of the City of Long Beach, State of New York, and other proper authorities. I also understand that any violation of said rules and regulations or laws may result in the suspension or revocation of license.

SWORN TO BEFORE ME THIS _____ DAY

CORPORATE OR TRADE NAME

OF _____, 20 _____

PRINT NAME and TITLE

NOTARY PUBLIC

SIGNATURE