Borough of West Cape May Office of the Municipal Clerk 732 Broadway West Cape May, New Jersey 08204 (609) 884-1005 ext 100						
PLEASE TYPE OR PRINT	BLOCK:	_ LOT:				
IS THIS APPLICATION:	NEW	RENEWAL				
Name:		Phone:				
Full Mailing Address:						
Email Address:						
Business Name (If applies):						
Business Address (Subject P	roperty):					
Do you own the property i	n which your busine:	ss is located: □ YES				

Check Appropriate Box: 🗆 Individual 🛛 🗆 Partnership 🔅 🗆 Corporat	Check Appropriate Box:	🗆 Individual	🗆 Partnership	Corporation
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List All License Categories That Apply To Your Business

BUSINESS TYPE	Discounted Rate	Full Rate	TOTAL DUE
	For New Business	For New Business	
	Operations First	Operations First	
	Commencing	Commencing	
	Between July 1 and	Between January 1	
	December 31	and June 30	
Single Family Residential House	\$50.00	\$100.00	
Apartment (Per Unit)*	\$50.00	\$100.00	
Condo (Per Unit)*	\$50.00	\$100.00	
Duplex (Per Unit)*	\$50.00	\$100.00	
Landlord for Retail Store	\$75.00	\$150.00	
Rooming House, Guest House	\$50.00	\$100.00	
or Hotel/Motel (Per Room)*			
Vending Machines (Per	\$35.00	\$70.00	
Machine)			
Auto Repair & Service	\$150.00	\$300.00	
Laundromats	\$150.00	\$300.00	
Petroleum Product Dealer	\$200.00	\$400.00	
Restaurants (Floor Plan	\$7.00 per seat	\$14 per seat	
Required)			
Retail Sales	\$125.00	\$250.00	
1,000 sq. ft. of store area or less			
Retail Sales	\$175.00	\$350.00	
1,000 sq. ft. of store area or more			
Publishers & Printers	\$200.00	\$400.00	
Non-Profit/Religious/Charitable	No Fee	No Fee	
(Proof Required)			
Other	\$150.00	\$300.00	
TOTAL DUE	· · · · · · ·		· .

*Please state total number of units in dwelling, including non-rental and owner occupied.

I/We certify that this application is complete and accurate. If any information contained herein is found to be inaccurate, the Borough of West Cape May shall not be bound by any License issued in reliance of said information. Any and all sewer bill(s), water bill(s) and taxes must be current for the License to be issued.

Date:_____

Signature: _____