City of Atlantic City

DEPARTMENT OF LICENSING & INSPECTIONS

MERCANTILE LICENSE SECTION

CITY HALL – ROOM 120
1301 BACARACH BOULEVARD
ATLANTIC CITY, NEW JERSEY 08401
TELEPHONE (609) 347-5315, FAX (609) 347-6113

OOB

LMBO CANVASS FORM

DATE OF CANVASS: 8/14/18 **TIME OF CANVASS:** _____

CURRENT MERCANTILE LICENSE NUMBER LH-016662 (MANDATORY)

BUSINESS NAME Lenox Cafe TYPE OF BUSINESS _____

BUSINESS ADDRESS 2730 Atlantic Ave

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

NAME OF REGISTERED OWNER/LICENSEE Daniel Caldwell

BUSINESS PHONE _____ HOME PHONE _____ CELL PHONE _____

SIGN ON FRONT OF BUSINESS _____ YES _____ NO

NAME INDICATED ON SIGN _____

OF PARKING SPACES FOR BUSINESS _____ # OF ROOMS FOR BUSINESS _____

OF VENDING /ATM MACHINES ON PREMISES OWNED BY BUSINESS _____ (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES _____
(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER /LICENSEE/ EMPLOYEE _____ / _____
(PRINT) (SIGNATURE)

INSPECTED BY: Byard DATE: 8/14/18

REVIEWED BY: _____ DATE: _____

ENTERED INTO EDMONDS SYSTEM BY: _____ DATE: _____

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT N/A IF DOES NOT APPLY, NO/INFO IF INFORMATION IS NOT AVALIABLE.
ORIGINAL GIVEN TO CLERK AND PUT INTO FILE/COPY IS TO BE HELD BY CHIEF LICENSE INSPECTOR

City of Atlantic City

DEPARTMENT OF LICENSING & INSPECTIONS

MERCANTILE LICENSE SECTION

CITY HALL – ROOM 120
1301 BACARACH BOULEVARD
ATLANTIC CITY, NEW JERSEY 08401
TELEPHONE (609) 347-5315, FAX (609) 347-6113

INSPECTION FORM

DATE OF CANVASS: 6-14-17 TIME OF CANVASS: _____

CURRENT MERCANTILE LICENSE NUMBER LG-02918 (MANDATORY)

BUSINESS NAME Lenox Cafe TYPE OF BUSINESS Cafe

BUSINESS ADDRESS 2730 Atlantic Ave

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) Same above

NAME OF REGISTERED OWNER/LICENSEE Daniel Caldwell

BUSINESS PHONE (609) 347-3000 HOME PHONE _____ CELL PHONE _____

SIGN ON FRONT OF BUSINESS ✓ YES _____ NO

NAME INDICATED ON SIGN Lenox Cafe

OF PARKING SPACES FOR BUSINESS 0 # OF ROOMS FOR BUSINESS 0

OF VENDING /ATM MACHINES ON PREMISES OWNED BY BUSINESS 0 (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES NONE
(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER /LICENSEE/ EMPLOYEE _____ / DM
(PRINT) (SIGNATURE)

INSPECTED BY: L Thompson DATE: 6-14-17

REVIEWED BY: Byard DATE: 6/16/17

ENTERED INTO EDMONDS SYSTEM BY: _____ DATE: 6-19-17

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT N/A IF DOES NOT APPLY, NO/INFO IF INFORMATION IS NOT AVALIABLE.

ORIGINAL GIVEN TO CLERK AND PUT INTO FILE/COPY IS TO BE HELD BY CHIEF LICENSE INSPECTOR

City of Atlantic City

DEPARTMENT OF LICENSING & INSPECTIONS

MERCANTILE LICENSE SECTION

CITY HALL—ROOM 120
1301 BACARACH BOULEVARD
ATLANTIC CITY, NEW JERSEY 08401
TELEPHONE (609) 347-5315, FAX (609) 347-6113

LMBO CANVASS FORM

DATE OF CANVASS: 4/25/15 TIME OF CANVASS: 1:10 PM

CURRENT MERCANTILE LICENSE NUMBER LE-02555 (MANDATORY)

BUSINESS NAME LENOX CAFE TYPE OF BUSINESS FOOD

BUSINESS ADDRESS 2730 ATLANTIC AVE

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

NAME OF REGISTERED OWNER/LICENSEE DANIEL CALDWELL

BUSINESS PHONE _____ HOME PHONE _____ CELL PHONE _____

SIGN ON FRONT OF BUSINESS ✓ YES _____ NO

NAME INDICATED ON SIGN SAME

OF PARKING SPACES FOR BUSINESS ✓ # OF ROOMS FOR BUSINESS ✓

OF VENDING /ATM MACHINES ON PREMISES OWNED BY BUSINESS ✓ (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES ✓
(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER /LICENSEE/ EMPLOYEE Daniel Caldwell (PRINT) _____ (SIGNATURE)

INSPECTED BY: A Clark DATE: 4/25/15

REVIEWED BY: Byard DATE: 5/21/15

ENTERED INTO EDMONDS SYSTEM BY: C. Gardner DATE: 7-16-15

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT N/A IF DOES NOT APPLY, NO/INFO IF INFORMATION IS NOT AVALIABLE.

ORIGINAL GIVEN TO CLERK AND PUT INTO FILE/COPY IS TO BE HELD BY CHIEF LICENSE INSPECTOR

City of Atlantic City

DEPARTMENT OF LICENSING & INSPECTIONS

MERCANTILE LICENSE SECTION

CLOSED TUESDAYS
HRS 8-2

CITY HALL – ROOM 120
1301 BACARACH BOULEVARD
ATLANTIC CITY, NEW JERSEY 08401
TELEPHONE (609) 347-5315, FAX (609) 347-6113

LMBO CANVASS FORM

DATE OF CANVASS: 5/31/14 TIME OF CANVASS: 10:50 AM

CURRENT MERCANTILE LICENSE NUMBER LD-03635 (MANDATORY)

BUSINESS NAME Lenox Cafe TYPE OF BUSINESS RESTAURANT

BUSINESS ADDRESS 2730 Atlantic Ave

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

NAME OF REGISTERED OWNER/LICENSEE DANIEL CALDWELL

BUSINESS PHONE 609 347-3000 HOME PHONE _____ CELL PHONE _____

SIGN ON FRONT OF BUSINESS ✓ YES _____ NO

NAME INDICATED ON SIGN SAME AS ABOVE

OF PARKING SPACES FOR BUSINESS / # OF ROOMS FOR BUSINESS /

OF VENDING /ATM MACHINES ON PREMISES OWNED BY BUSINESS / (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES /

(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER /LICENSEE/ EMPLOYEE Daniel Caldwell
(PRINT) (SIGNATURE)

INSPECTED BY: Clark DATE: 5/31/14

REVIEWED BY: Byrd DATE: 6/5/14

ENTERED INTO EDMONDS SYSTEM BY: Kelly Johnson DATE: 7/16/14

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT N/A IF DOES NOT APPLY, NO/INFO IF INFORMATION IS NOT AVALIABLE.

ORIGINAL GIVEN TO CLERK AND PUT INTO FILE/COPY IS TO BE HELD BY CHIEF LICENSE INSPECTOR

CITY OF ATLANTIC CITY

NEIGHBORHOOD SERVICES DEPARTMENT
MERCANTILE LICENSE SECTION
CITY HALL - ROOM 120
1301 BACHARACH BOULEVARD
ATLANTIC CITY, N.J. 08401
TELEPHONE (609) 347-5315, TELECOPIER (609) 347-6113

LMBO CANVASS FORM

DATE OF CANVASS: 8-2-13 **TIME OF CANVASS:** 1:00

CURRENT MERCANTILE LICENSE NUMBER LC-02981 (MANDATORY)

BUSINESS NAME Lenox Cafe TYPE OF BUSINESS LUNCHEONETTE

BUSINESS ADDRESS 2730 Atlantic Avenue

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

NAME OF REGISTERED OWNER/LICENSEE Daniel Caldwell

ADDRESS OF REGISTERED OWNER/LICENSEE _____

BUSINESS PHONE 347 3.000 HOME PHONE [redacted] CELL PHONE _____

OF PARKING SPACES FOR BUSINESS 0 # OF ROOMS FOR BUSINESS 0

OF VENDING/ATM MACHINES ON PREMISE OWNED BY BUSINESS 0

OF VENDING/ATM MACHINES ON PREMISE NOT OWNED BY BUSINESS 0 (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES 0
(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER/LICENSEE/EMPLOYEE Daniel Caldwell , DC
(PRINT) (SIGNATURE)

INSPECTED BY: [signature] DATE: 8-7-13

REVIEWED BY: Byard DATE: 8/9/13

ENTERED INTO EDMONDS SYSTEM BY: [signature] DATE: 8-9-13

OF ATLANTIC CITY TRASH TOTERS 1 NAME OF COMMERCIAL TRASH COMPANY N/A

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT
N/A IF DOES NOT APPLY, NO/INFO IF INFORMATION IS NOT AVAILABLE
ORIGINAL GIVEN TO CLERK AND PUT INTO FILE/COPY IS TO BE HELD BY CHIEF LICENSE INSPECTOR

Filed LB-03475

CITY OF ATLANTIC CITY

NEIGHBORHOOD SERVICES DEPARTMENT
MERCANTILE LICENSE SECTION
CITY HALL - ROOM 120
1301 BACHARACH BOULEVARD
ATLANTIC CITY, N.J. 08401
TELEPHONE (609) 347-5315, TELECOPIER (609) 347-6113

LMBO CANVASS FORM

DATE OF CANVASS: _____ **TIME OF CANVASS:** _____

CURRENT MERCANTILE LICENSE NUMBER LA-03754 (MANDATORY)

BUSINESS NAME Lenox Cafe TYPE OF BUSINESS Cafe

BUSINESS ADDRESS 2730 Atlantic Ave

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) Same

NAME OF REGISTERED OWNER/LICENSEE _____

ADDRESS OF REGISTERED OWNER/LICENSEE Daniel Caldwell

BUSINESS PHONE (609) 347-3000 HOME PHONE _____ CELL PHONE _____

OF PARKING SPACES FOR BUSINESS 0 # OF ROOMS FOR BUSINESS 0

OF VENDING/ATM MACHINES ON PREMISE OWNED BY BUSINESS 0

OF VENDING/ATM MACHINES ON PREMISE NOT OWNED BY BUSINESS 0 (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES _____
(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER/LICENSEE/EMPLOYEE X Daniel Caldwell X _____
(PRINT) (SIGNATURE)

INSPECTED BY: Byard DATE: 8/1/11

REVIEWED BY: _____ DATE: _____

ENTERED INTO EDMONDS SYSTEM BY: _____ DATE: _____

OF ATLANTIC CITY TRASH TOTERS _____ NAME OF COMMERCIAL TRASH COMPANY _____

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT
N/A IF DOES NOT APPLY, NO/INFO IF INFORMATION IS NOT AVAILABLE
ORIGINAL GIVEN TO CLERK AND PUT INTO FILE/COPY IS TO BE HELD BY CHIEF LICENSE INSPECTOR

CITY OF ATLANTIC CITY

NEIGHBORHOOD SERVICES DEPARTMENT
MERCANTILE LICENSE SECTION
CITY HALL - ROOM 120
1301 BACHARACH BOULEVARD
ATLANTIC CITY, N.J. 08401
TELEPHONE (609) 347-5315, TELECOPIER (609) 347-6113

LMBO CANVASS FORM

DATE OF CANVASS: 5-17-10 **TIME OF CANVASS:** ON VIEW

CURRENT MERCANTILE LICENSE NUMBER L9-03459 (MANDATORY)

BUSINESS NAME LENOX CAFE TYPE OF BUSINESS REST

BUSINESS ADDRESS 2730 ATLANTIC AVE

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) SAME

NAME OF REGISTERED OWNER/LICENSEE DAN CALDWELL

ADDRESS OF REGISTERED OWNER/LICENSEE

BUSINESS PHONE 347-3000 HOME PHONE CELL PHONE

OF PARKING SPACES FOR BUSINESS 0 # OF ROOMS FOR BUSINESS 0

OF VENDING/ATM MACHINES ON PREMISE OWNED BY BUSINESS 0

OF VENDING/ATM MACHINES ON PREMISE NOT OWNED BY BUSINESS 0 (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES 0
(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER/LICENSEE/EMPLOYEE Daniel Caldwell DC
(PRINT) (SIGNATURE)

INSPECTED BY: J. Rubio DATE: 5-17-10

REVIEWED BY: Lt Rubio DATE: 5-20-10

ENTERED INTO EDMONDS SYSTEM BY: CW DATE: 6/26/10

OF ATLANTIC CITY TRASH TOTERS ____ NAME OF COMMERCIAL TRASH COMPANY

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT
N/A IF DOES NOT APPLY, NO/INFO IF INFORMATION IS NOT AVAILABLE
ORIGINAL GIVEN TO CLERK AND PUT INTO FILE/COPY IS TO BE HELD BY CHIEF LICENSE INSPECTOR

CITY OF ATLANTIC CITY

NEIGHBORHOOD SERVICES DEPARTMENT
MERCANTILE LICENSE SECTION
CITY HALL - ROOM 120
1301 BACHARACH BOULEVARD
ATLANTIC CITY, N.J. 08401
TELEPHONE (609) 347-5315, TELECOPIER (609) 347-6113

LMBO CANVASS FORM

DATE OF CANVASS: 6-1-09 **TIME OF CANVASS:** ON VIEW

CURRENT MERCANTILE LICENSE NUMBER LB-02491 (MANDATORY)

BUSINESS NAME LENOX CAFE TYPE OF BUSINESS FOOD

BUSINESS ADDRESS 2730 ATLANTIC AVE

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) SAME

NAME OF REGISTERED OWNER/LICENSEE DAN CALDWELL

ADDRESS OF REGISTERED OWNER/LICENSEE

BUSINESS PHONE 347-3000 HOME PHONE CELL PHONE [redacted]

OF PARKING SPACES FOR BUSINESS Ø # OF ROOMS FOR BUSINESS Ø

OF VENDING/ATM MACHINES ON PREMISE OWNED BY BUSINESS Ø

OF VENDING/ATM MACHINES ON PREMISE NOT OWNED BY BUSINESS Ø (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES Ø
(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER/LICENSEE/EMPLOYEE Daniel Caldwell
(PRINT) (SIGNATURE)

INSPECTED BY: [signature] DATE: 6-1-09

REVIEWED BY: DATE:

ENTERED INTO EDMONDS SYSTEM BY: [signature] DATE:

OF ATLANTIC CITY TRASH TOTERS NAME OF COMMERCIAL TRASH COMPANY

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT
N/A IF DOES NOT APPLY, NO/INFO IF INFORMATION IS NOT AVAILABLE
ORIGINAL GIVEN TO CLERK AND PUT INTO FILE/COPY IS TO BE HELD BY CHIEF LICENSE INSPECTOR

CITY OF ATLANTIC CITY

MERCANTILE LICENSE BUREAU
ROOM 120 CITY HALL
ATLANTIC CITY, NEW JERSEY 08401
(609) 347-5315 or (609) 347-5316

LMBO CANVASS SHEET

DATE: 5-9-07 TIME: LL-02864

BUSINESS NAME: LENOX CAFE TYPE: REST

BUSINESS ADDRESS: 2730 ATLANTIC AVE

BILLING ADDRESS: 22 LIGHTHOUSE LN, EHT

NAME OF OWNER/LICENSEE: DAN CALDWELL

ADDRESS OF OWNER/LICENSEE: _____

BUSINESS PHONE: 347-3000

HOME PHONE: _____ CELLULAR PHONE: [redacted]

ARE THERE VENDING MACHINES ON PREMISES? _____ YES X NO

WHAT TYPE? N/A HOW MANY? _____

ARE THE VENDING MACHINES OWNED BY SOMEONE OTHER THAN THE ABOVE LISTED OWNER/LICENSEE? _____ YES _____ NO

NAME AND ADDRESS OF BUSINESS OWNING VENDING MACHINES: _____

N/A

BUSINESS PHONE: _____ CELLULAR PHONE: _____

OF PARKING SPACES: NONE # OF ROOMS: NONE

OF CITY OF ATLANTIC CITY TRASH TOTERS: NONE

NAME OF COMMERCIAL TRASH HAULER BEING UTILIZED: _____

GIVEN TRASH ORD. X YES ___ NO GIVEN SIGN ORD. NOTICE X YES ___ NO

OWNER/LICENSEE/EMPLOYEE: Rosa DATE: 5-9-07

INSPECTED BY: M-2 DATE: 5-9-07

REVIEWED BY: L. Byard DATE: 5/9/07

INPUTED BY: KH DATE: 6-19-07