



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

00B

LMBO CANVASS FORM

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

CURRENT MERCANTILE LICENSE NUMBER 1H-016602 (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)

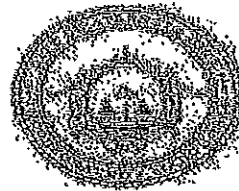
INSPECTED BY: Byard DATE: 8/14/18

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 AVAILABLE.

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 _____
(PRINT) (SIGNATURE)

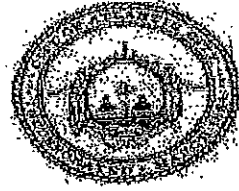
INSPECTED BY: [Signature] DATE: 6-14-17

REVIEWED BY: [Signature] DATE: 6/14/17

ENTERED INTO EDMONDS SYSTEM BY: [Signature] 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 AVAILABLE.

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City of Atlantic City

DEPARTMENT OF LICENSING & INSPECTIONS

MERCANTILE LICENSE SECTION

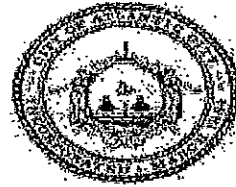
CITY HALL - ROOM 120
1301 BACARACH BOULEVARD
ATLANTIC CITY, NEW JERSEY 08401
TELEPHONE (609) 347-5315, FAX (609) 347-6113

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 [Signature]
(PRINT) (SIGNATURE)
INSPECTED BY: 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 AVAILABLE.

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

CLOSED TUESDAYS
HRS 8-2

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 2130 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 1 # OF ROOMS FOR BUSINESS 1

OF VENDING /ATM MACHINES ON PREMISES OWNED BY BUSINESS 1 (COMPLETE BELOW)

NAME OF BUSINESS OWNING VENDING MACHINES 1

(FILL OUT AND ATTACH SEPARATE FORM FOR VENDING BUSINESS)

OWNER /LICENSEE/ EMPLOYEE Daniel Caldwell (PRINT) [Signature] (SIGNATURE)

INSPECTED BY: Clark DATE: 5/31/14

REVIEWED BY: Byard 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 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: 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 3000 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 (PRINT) [Signature] (SIGNATURE)

INSPECTED BY: F. P. [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 TOLERS 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



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-02754 (MANDATORY)BUSINESS NAME Lenox Cafe TYPE OF BUSINESS CafeBUSINESS ADDRESS 2730 Atlantic AveBILLING ADDRESS (IF DIFFERENT THAN ABOVE) Same

NAME OF REGISTERED OWNER/LICENSEE _____

ADDRESS OF REGISTERED OWNER/LICENSEE Daniel CaldwellBUSINESS 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 Daniel Caldwell (PRINT) [Signature] (SIGNATURE)INSPECTED BY: Byard DATE: 8/1/11

REVIEWED BY: _____ DATE: _____

ENTERED INTO EDMONDS SYSTEM BY: _____ DATE: _____

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

ALL OF THE ABOVE REQUESTED INFORMATION WILL BE FILLED OUT
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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 [Signature]
(PRINT) **(SIGNATURE)**

INSPECTED BY: F. Pule **DATE:** 5-17-10

REVIEWED BY: LT Pule **DATE:** 5-20-10

ENTERED INTO EDMONDS SYSTEM BY: CS **DATE:** 6/24/10

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 LF-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 347-2000 **HOME PHONE** _____ **CELL PHONE** [REDACTED]

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 **(PRINT)** [Signature] **(SIGNATURE)**

INSPECTED BY: [Signature] **DATE:** 6-1-09

REVIEWED BY: _____ **DATE:** _____

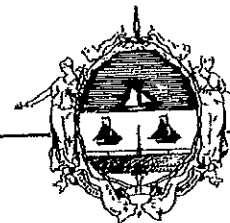
ENTERED INTO EDMONDS SYSTEM BY: [Signature] **DATE:** _____

OF ATLANTIC CITY TRASH TOTES _____ **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: _____

BUSINESS NAME: LENOX CAFE TYPE: REST

LG-02864

BUSINESS ADDRESS: 2730 ATLANTIC AVE

BILLING ADDRESS: 122 LIGHTHOUSE LN, E.H.T

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 ☒ 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: _____

BUSINESS PHONE: _____ CELLULAR PHONE: _____

OF PARKING SPACES: NONE # OF ROOMS: NONE

OF CITY OF ATLANTIC CITY TRASH TOTES: NONE

NAME OF COMMERCIAL TRASH HAULER BEING UTILIZED: _____

GIVEN TRASH ORD. ☒ YES _____ NO GIVEN SIGN ORD. NOTICE ☒ YES _____ NO

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

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

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

INPUTED BY: KH DATE: 6-17-07