

LANDLORD REGISTRATION STATEMENT FOR RENTAL PROPERTIES/UNITS EXCEPT OWNER-OCCUPIED PREMISES WITH NOT MORE THAN TWO RENTAL UNITS

Registration of Dwellings with more than two rental units must be filed by Landlord with the Bureau of Housing Inspection, Dept. of Community Affairs

RE: Premises located at _____ BLOCK _____ LOT _____ Unit # _____

1. Name & Address of record owner and leasing agent:

Record Owner

Leasing Agent (if applicable)

2. Name & address of registered agent and corporate officers as owners for the corporation:

3. If owner is not a resident of Cape May County, you must supply the name & address of someone in Cape May County who can be served with papers, if necessary, on your behalf.

4. Name & address of managing agent:

5. Name & address of regular maintenance personnel:

6. Name, address & phone number of owner's representative in case of emergency:

7. Name & address of every holder of a recorded mortgage:

8. Name & address of fuel dealer, if applicable, and the grade of fuel oil used:

_____ Date _____

(Signature of Preparer)

IMPORTANT: Bureau of Fire Safety Registration also required. Call (609) 889-0404 for fees and registration information.

Return to: Municipal Clerk's Office, Attn: Licensing, 2600 Bayshore Rd., Villas, NJ 08251

BOTH SIDES MUST BE COMPLETED. ANSWER OR COMPLETE EACH LINE OR ENTER "N/A". (NOT APPLICABLE)

DO NOT LEAVE ANY BLANKS. THANK YOU.

MERCANTILE RENTAL APPLICATION

Block _____ **Lot** _____ **Unit #** _____

RENTAL PROPERTY ADDRESS: _____ **Seasonal Rental** Yes or No (Circle one)

(If you own more than 1 property, please complete an application for each location, however, you may pay with one (1) check)

TYPE OF RENTAL - **Please X the one that applies**

_____ Single Family Home _____ Condo Unit **(If you own & rent out more than 1 unit, enter # of units rented out on the line)**

Duplex _____ Triplex _____ Quadruplex _____ **Owner Occupied** YES or NO Other _____
(Describe - Example Home w/detached apartment in back)

*Pursuant to Sec.2A-16.2 of the General Ordinances **Real Estate taxes must be current on the licensed property** or the license cannot be issued.

Real Estate Taxes Current - Yes or No

Owner's Daytime Phone #: _____ **Evening #** _____

Fire Safety Bureau Registration #: _____ (If applicable) Dept. Of Community Affairs Registration No. 0505- _____

(Must insert Fire Reg. # or apply for #)

Licenses are required annually, the **expiration date is on the license.**

I certify the foregoing information is true and accurate as of the filing of this application and that if any changes are made after the license is issued, I am responsible to notify the Municipal Clerk's Office.

Dated: _____ Fee: **\$75.00 per rental unit residential or commercial**

(Signature of Applicant)

FOR OFFICE USE ONLY

Date Rec'd. _____ Fee Rec'd. \$ _____ Comments _____

Clerk's Office Approval

Planning/Zoning Approval Does Not Constitute a Certificate of Existing Non-conforming Use or Structure Subject to NJSA 40:55D-68