

# YEAR ROUND RENTAL MERCANTILE LICENSE APPLICATION

License # \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ City \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Unit # \_\_\_\_\_

Single Family \_\_\_\_\_ Condo Unit \_\_\_\_\_ Duplex \_\_\_\_\_ Triplex \_\_\_\_\_ Year Built \_\_\_\_\_ Daniels's Law applicable \_\_\_\_\_

**Certificate of Insurance attached** \_\_\_\_\_ (Not less than \$500,000 personal liability coverage, per N.J.S.A. 40A:10A-2)

PLEASE NOTE – THIS FORM IS CONSIDERED A PUBLIC RECORD. ANY INFORMATION PROVIDED IS SUBJECT TO THE PROVISIONS OF THE OPEN PUBLIC RECORDS ACT

## Owner Information:

_____	_____	_____	_____
Name	Address	Email Address	Cell Phone Number

**\* Real Estate Tax MUST be current on the licensed property, pursuant to Sec. 432-15 of the Code of the Township of Lower**

**This is an annual 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.

**FEE: \$75.00**

_____	_____
Signature	Date

Please complete **Landlord Registration Statement** on reverse side of this form

## FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Fee \_\_\_\_\_ Comments: \_\_\_\_\_

## Approvals:

_____	_____	_____	_____
Planning & Zoning Official	Construction Official	Fire Official	Tax Collector

**Lower Township Clerk's Office**

2600 Bayshore Road, Villas, NJ 08251

609-886-2005 Ext: 100

**LANDLORD REGISTRATION STATEMENT** for one and two-unit dwellings not owner-occupied, pursuant to N.J.S.A. 46:8-28 and 29.

(1) Rental Property Address: \_\_\_\_\_

(2) Names and addresses of all record owners of the property (including all general partners in the case of a partnership):  
\_\_\_\_\_  
\_\_\_\_\_

(3) If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers:  
\_\_\_\_\_  
\_\_\_\_\_

(4) If the address of any record owner is not located in Cape May County, the name and address of a person who resides in Cape May County and is authorized to accept notices from a tenant, to issue receipts for those notices, and to accept service of process on behalf of the out-of-county record owner(s):  
\_\_\_\_\_

(5) Name and address of the managing agent:  
\_\_\_\_\_

(6) Name and address of person employed to provide regular maintenance service to the property:  
\_\_\_\_\_

(7) Name, address and telephone number of an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service or system, and who has authority to make emergency decisions concerning the building, including the making of repairs and expenditures:  
\_\_\_\_\_

8) Names and addresses of all holders of recorded mortgages on the property:  
\_\_\_\_\_  
\_\_\_\_\_

(9) Name and address of the fuel oil dealer and grade of fuel oil used if fuel oil is used to heat the building and the landlord furnishes the heat:  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord or Authorized Representative

**COMPLETED FORM TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANT**