

LANDLORD REGISTRATION STATEMENT PURSUANT TO NJSA 46:8-2 FOR ALL RENTAL PROPERTIES OR UNITS. OWNER-OCCUPIED PREMISES WITH MORE THAN TWO RENTAL UNITS MUST FILE WITH THE STATE, DCA.

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

DATE OF STATEMENT: _____

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

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

Record Owner

Leasing Agent

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:

(Signature of Preparer)

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

(BOTH SIDES MUST BE COMPLETED IF APPLICABLE. PLEASE ANSWER OR COMPLETE ALL AREAS WITH THE APPROPRIATE INFORMATION OR N/A)
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)**

Owner Occupied YES or NO _____ Duplex _____ Triplex _____ Quadruplex _____ Other _____

_____ **Commercial Property** _____ **# of units/stores** (Please 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 (circle one)

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

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

Licenses are required annually, the expiration date is noted on the paper 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.

**EFFECTIVE BEGINNING WITH THE 2008-2009 LICENSE YEAR
Fee: \$50.00 per rental unit residential or commercial**

Dated: _____

(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