



CITY CLERK'S OFFICE
CITY OF ENGLEWOOD
2-10 North Van Brunt Street
Englewood, NJ 07631
Phone: (201) 510-8212
Fax: (201) 567-4395
Email: ywazirmas@cityofenglewood.org

Date Filed: _____
Fee: \$50.00 plus \$5.00 per room
License No: _____
Granted: _____
Rejected: _____

APPLICATION TO OPERATE A ROOMING HOUSE

DURING THE PERIOD OF JUNE 1, 20____ TO MAY 31, 20____

OWNER'S HOME TELEPHONE: _____

1. Address of premises to be licensed: _____
2. Name and Owner: _____
3. Is this a new application _____ or a renewal application _____
4. Number of rooms to be occupied by roomers or guests: 1st floor _____ 2nd floor _____
3rd floor _____ Other: _____ **TOTAL:** _____
5. Maximum number of roomers or guests at one time on all floors _____
6. List all sanitary fixtures available to roomers and guest:
1st. Floor: _____
2nd. Floor: _____
3rd. Floor: _____
7. Are all rooms heated by a central heating system? _____
8. Are there fire alarm devices on every floor? _____
9. Are there directional and exit signs on every floor? _____
10. Do you have a register book on the premises? _____
11. Do you have a room number on all rooms rented? _____
12. Are there any minors (under 18 years) living in rooming unit? _____
13. Are there any disabled persons or persons requiring special care in rooming units? _____ If so, are you equipped to accommodate such persons? _____
14. How long has the premises to be licensed been operated as a rooming house? _____
15. Was a variance from the Zoning Ordinance required to permit this use: _____
16. Have you ever been convicted of a crime? _____ If yes, explain _____

I, _____ hereby say that I have not knowingly or intentionally given any false information and that I will faithfully observe and keep and obey all laws of the City of Englewood relating to the business as licensed, now in force, or that may be in force during the period for which such license is granted.

Signature: _____ Date: _____
(The acceptance of this application and the payment of the necessary fee does not give the applicant any rights hereunder. Fees are not refundable).

FOR OFFICE USE ONLY:

APPROVED [] DISAPPROVED [] DATE: _____ FIRE. _____

APPROVED [] DISAPPROVED [] DATE: _____ BUILDING. _____

APPROVED [] DISAPPROVED [] DATE: _____ HEALTH. _____