

**GLOUCESTER CITY HOUSING AND BUILDING DEPARTMENT**  
**700 SOMERSET STREET, GLOUCESTER CITY, NJ 08030**  
**PHONE: 856-456-7689 FAX: 856-456-0289**

**\*PLEASE NOTE – A SEPARATE FORM IS REQUIRED FOR EACH UNIT.**  
**CITY OF GLOUCESTER CITY**  
**RENTAL FACILITY REGISTRATION AND LICENSE APPLICATION**  
**Pursuant to Ordinance 55-14**

\*\*\*\*\*

**No.#** \_\_\_\_\_ **For Office Use Only**

**Date Rec'd:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**\*\*ALL QUESTIONS MUST BE FULLY ANSWERED AND FEES PAID. FAILURE TO COMPLY WILL RENDER THIS APPLICATION INCOMPLETE AND NOT IN COMPLIANCE WITH ORDINANCE 55-14.**

**A FLOOR PLAN MUST BE ATTACHED TO THIS REGISTRATION FORM. PLAN NEED NOT BE TO SCALE; BUT SIZE OF ROOMS MUST BE PROVIDED.**

1. Rental Property Location: \_\_\_\_\_

Address (No P.O. Box)	Unit No.
_____	_____
City, State, Zip	Phone #
Block _____ Lot _____ Account # _____	

2. Name and address of record owner(s) of unit. In the case of a partnership list the names, addresses, and phone numbers of all general partners. If record owner is a corporation, complete this section with the required information for registered agent and corporate officers.

NAME	ADDRESS(No P.O.Box) STREET/CITY/STATE/ZIP/PHONE	TITLE
Registered Agent		
NAME	ADDRESS(No P.O.Box)/STREET/CITY/STATE/ZIP/PHONE	

Record owner is a corporation \_\_\_\_\_ Record owner is a partnership \_\_\_\_\_

3. If the owner is not a resident of Camden County, please provide the name of a person who resides in Camden County and who is authorized to accept notices from a tenant, to issue receipts therefor, and to accept service of process on behalf of the record owner.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address(No P.O. Box)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone # ( No pagers accepted as phone number)

Record owner is a resident of Camden County \_\_\_\_\_

4. Name and address of agent of the unit, if any

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (No P.O. Box)

