

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 AMENDMENT FORM

Pursuant to Ordinance 55-14

No.# _____

Date Rec'd: ____/____/____ For Office Use Only

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. Representative of the owner or agent to be reached or contacted at any time in the event of an emergency and who has the authority to make emergency decisions.

Name _____

Address (No P.O. Box) _____

City, State, Zip _____

Phone (Day) _____

Phone (Evening) _____

4. Number of sleeping rooms in this unit _____

5. List the full names, dates of birth and present address of all current occupants or Commercial Properites Business name and contact person of this unit.

I hereby certify that the above information is true to the best of my knowledge, information, and belief. I am aware that if the foregoing information supplied is willfully false, I am subject to penalties and criminal prosecution.

Date

Owner

For Office Use Only

Date of Inspection
Inspector

C.O. Number