

BOROUGH OF AVALON

mail to: Licensing Clerk, 3100 Dune Drive, Avalon, NJ 08202

www.avalonboro.net (609) 967-5918

Rental License Application

Owner(s)_____

Mailing Address_____

City & State_____ Zip Code_____

Home Telephone ()_____ Cell ()_____

RENTAL PROPERTY ADDRESS_____

Attach a floor plan for each unit within the rental property. Show the location and size of each room.

Check one – Individual_____ Partnership_____ Corporation_____ Block_____

If Owner is a Partnership, complete the following: Lot_____

Partnership Name_____

List name, address and telephone number of each partner below:

Name	Address	Telephone Number

If Owner is a Corporation, complete the following:

Corporate Name_____ Registered Agent_____

List name, address and telephone number below:

Name	Address	Telephone Number

SECTION II: AGENT

If Owner is not within Cape May County, complete the following:

Name, address and telephone number of a person who resides in the County of Cape May, who is authorized to accept notices from a tenant, issue receipts and accept service of process on behalf of the owner:

Managing Agent or Realtor (circle one)

Name_____ Telephone ()_____

Address_____

Superintendent, Custodian or Emergency Contact (circle one)

Name_____ Telephone ()_____

Address_____

SECTION III: MORTGAGE

Name and address of every holder of a recorded mortgage on the premises:

SECTION IV: FUEL & ELECTRIC

List name, address and telephone number of fuel or electric servicing the premises:

I understand by submitting this application, the rental property will be subject to a fire inspection.

Owner(s) Signature_____ Date_____

Managing Agent Signature_____ Date_____

FOR BOROUGH USE ONLY

Date Paid_____ # Units_____ Fee \$_____ Cash_____ Check #_____

Occupancy: Unit 1_____ Unit 2_____ Unit 3_____ Inspection Date_____