

BOROUGH OF AVALON Rental License Application www.avalonboro.net	Mail To: Licensing Department 3100 Dune Drive, Avalon, NJ 08202 (609) 967-5918
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Owner(s) _____

Mailing Address _____

City & State _____ Zip Code _____

Primary Telephone: (____) _____ Secondary Telephone: (____) _____

RENTAL PROPERTY ADDRESS: _____

Please Check One:

Single Family Dwelling: Multi-Dwelling Unit: A unit at a state registered multi-dwelling of 3 or more units, please call if unsure.

Corporation: Partnership: Individual: Block: _____ Lot: _____

Corporation or Partnership, fill out the below area:	
Corp/Partnership Name: _____	Mailing Address: _____
Primary Phone: (____) _____	Secondary Phone: (____) _____
Partner/Agent Names:	Partner/Agent Addresses:

Managing Agent/Realtor Information:
Per Borough of Avalon Ordinance all rental properties must have a registered managing agent or realtor. In the section below please provide the name, address and telephone number of a person who resides in the County of Cape May, who is authorized to accept notices, issue receipts, and accept services on behalf of the owner.

Name: _____	
Address: _____	
Primary Telephone: (____) _____	Secondary Phone: (____) _____

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

Utility Information (Fuel & Electric Providers):
List name, address and telephone number of fuel or electric servicing the premises:

Manager/Realtor & Owner(s) Signatures:
I understand and accept that by submitting and signing this application I am consenting to a Fire Inspection to be conducted by the Borough of Avalon Bureau of Fire Prevention.

Owner(s): _____

Manager/Realtor(s): _____

FOR BOROUGH USE ONLY:

Number of Units: _____
Fee: _____
Insp. Date: _____
Unit 1 Occupancy: _____
Unit 2 Occupancy: _____
Unit 3 Occupancy: _____