REVISED GENERAL ORDINANCES OF THE BOROUGH OF SAYREVILLE
CHAPTER VIII/SECTION 8-23 MOTELS
APPLICATION FEE (NEW, RENEWAL, CHANGE OF OWNERSHIP) $300.00 ANNUAL
$ 20.00 PER ROOM FEE

DATE_____

APPLICATION FOR "MOTELS"

- **NAME OF MOTEL , ADDRESS OF MOTEL & TELEPHONE NUMBER**

NAME_____

ADRESS_____

_____

TELEPHONE #_____**BLOCK #**_____**LOT #**_____

NUMBER OF UNITS _____ **MAXIMUN CAPACITY** _____

- **APPLICANT NAME**

Are you a Corporation?_____ **yes/no, if so:**

_____
PRESIDENT – NAME ADDRESS CITY & STATE CONTACT PHONE INFO

_____
SECRETARY – NAME ADDRESS CITY & STATE CONTACT PHONE INFO

_____
REGISTERED AGENT – NAME ADDRESS CITY & STATE CONTACT PHONE INFO

Are you a Partnership? _____ **yes/no, if so:**
Please list names and address and contact information of all members

_____
NAME & POSITION ADDRESS CITY & STATE CONTACT PHONE INFO

_____
NAME & POSITION ADDRESS CITY & STATE CONTACT PHONE INFO

_____
NAME & POSITION ADDRESS CITY & STATE CONTACT PHONE INFO

_____
REGISTERED AGENT - NAME ADDRESS CITY & STATE CONTACT PHONE INFO

- **NAME & ADDRESS OF LAND OWNER –** **IF DIFFERENT FROM ABOVE**

NAME ADDRESS CITY & STATE CONTACT PHONE INFO

- **IF APPLICANT IS INDIVIDUAL – ADDRESS DURING PAST FIVE (5) YEARS**

NAME ADDRESS CITY & STATE CONTACT PHONE INFO

NAME PREVIOUS ADDRESS CITY & STATE CONTACT PHONE INFO

- **HAS THE APPLICANT :**

(a) Ever been denied any type of business anywhere or had license revoked (CIRCLE ONE) YES NO

IF YES, DETAILS OF ANY ARREST AND/OR CONVICTIONS FOR CRIMES OR DISORDERLY CONDUCT, INCLUDING NATURE OF OFFENSE, DATE OF CONVICTION AND COURT IN WHICH SAID CONVICTION OCCURRED.

- **NAME & ADDRESS OF APPLICANT'S ATTORNEY**

- **EMERGENCY CONTACT (MINIMUM OF THREE)**

OWNER
1ST

NAME ADDRESS CITY & STATE

BUSINESS PHONE - CELL PHONE – HOME PHONE

2ND CONTACT – ON SITE MANAGER

NAME ADDRESS CITY & STATE

BUSINESS PHONE - CELL PHONE – HOME PHONE

3RD CONTACT - OTHER

NAME ADDRESS CITY & STATE

BUSINESS PHONE - CELL PHONE – HOME PHONE

CERTIFICATION AND WARNING

"By signing below, I certify under penalty of law that all statements and information provided in this application are true, accurate, and complete. I understand that knowingly making a false statement on this form is a criminal offense under N.J.S.A. 2C:28-3 and 2C:28-7, which may result in the immediate denial or revocation of this license, heavy fines, and imprisonment."

Applicant Signature: _____ Date: _____

Printed Name: _____

RETURN APPLICATION & APPLICABLE FEES TO:

BOROUGH OF SAYREVILLE
CLERK'S OFFICE
167 MAIN STREET
SAYREVILLE, NJ 08872

Telephone #732-390-7025

INSPECTED BY: **SENT FOR INSPECTIONS: _____**

MIDDLESEX COUNTY HEALTH INSPECTORS - _____

CHIEF OF POLICE - _____

FIRE OFFICIAL - _____

DIRECTOR OF CODE ENFORCEMENT - _____

Fees paid Annual @ $ 300.00 - _____

Per Room # of Rooms _____ @ $20.00 = _____

TOTAL $ - _____