

**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 _____

ADDRESS _____

TELEPHONE # _____ BLOCK # _____ LOT # _____

NUMBER OF UNITS _____ MAXIMUM 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
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• **IF APPLICANT IS INDIVIDUAL – ADDRESS DURING PAST FIVE (5) YEARS**

NAME	ADDRESS	CITY & STATE	CONTACT PHONE INFO
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NAME	PREVIOUS ADDRESS	CITY & STATE	CONTACT PHONE INFO
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• **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
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BUSINESS PHONE -	CELL PHONE -	HOME PHONE
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2ND CONTACT – ON SITE MANAGER

NAME	ADDRESS	CITY & STATE
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BUSINESS PHONE -	CELL PHONE -	HOME PHONE
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3RD CONTACT - OTHER

NAME	ADDRESS	CITY & STATE
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BUSINESS PHONE -	CELL PHONE -	HOME PHONE
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CERTIFICATION THAT STATEMENTS BY APPLICANT ARE TRUE

• SIGNATURE - _____
APPLICANTS SIGNATURE

PRINT - _____

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 \$ - _____

APPROVED BY MAYOR AND COUNCIL ON _____ RESOLUTION # _____