New Jersey Department of Community Affairs
Division of Codes and Standards

License Application for Owners and/or Operators of Rooming and Boarding Houses

Section A

THIS SECTION IS TO BE COMPLETED ONLY WHERE THE OWNER OF A ROOMING AND BOARDING HOUSE IS A CORPORATION, PARTNERSHIP OR ASSOCIATION.

1. Name of corporation, partnership or association

2a. Address

b. Telephone Number: 3. Employer Identification Number

4. Name, address and telephone number of all officers, directors, stockholders, members and partners:

(USE SEPARATE SHEET OF PAPER IF NECESSARY)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY/STATE</th>
<th>TELEPHONE NO</th>
<th>TITLE</th>
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5. Primary Owner (See regulation N.J.A.C.5:27-1.7(b)(2))

a. Name

b. Address

c. Telephone Number Email

Have you or any person listed above been convicted of a crime? ☐ Yes ☐ No

If Yes, state (on separate sheet of paper) the name(s) and position(s) so convicted, where and when and the nature of the offense.

Section B

This Section is to be completed by:

A. A PERSON WHO OWNS A ROOMING AND/OR BOARDING HOUSE AS AN INDIVIDUAL;

B. A PERSON WHO OWNS A ROOMING AND/OR BOARDING HOUSE AS AN INDIVIDUAL AND ALSO OPERATES THE ROOMING AND/OR BOARDING HOUSE;

C. A PERSON DESIGNATED AS PRIMARY OWNER WHERE THE ROOMING AND/OR BOARDING HOUSE IS OWNED BY A CORPORATION, ASSOCIATION OR PARTNERSHIP; OR

D. A PERSON WHO IS A ROOMING AND/OR BOARDING HOUSE-OPERATOR
1. Name (Please print or type)

_________________________________________  First  Middle Initial

2. Date of Birth ___________________________  3. Social Security Number ___________________________

4. a. Present Address

Street_________________________________________  City ___________________________

County_________________________________________  State_______ Zip Code _________

   b. Length of Time at Current Address _______ Years _______ Months  From _____ To _____

5. If less than two years at current address, list addresses where you have lived for the past three years in addition to the one listed in #4 above:

________________________________________________________________________

________________________________________________________________________

6. Telephone Numbers: Home _____________  Work _______________  Cell _______________

6a. Email address ____________________________________________

7a. Have you ever used or been known by another name? (Including maiden name if married)  □ Yes  □ No

   b. If yes, what is that name? ____________________________________________

8a. Education

   b. Certificates/Licenses, Degrees__________________________________________

9a. Employment Information

   Name of Employer __________________________________________________________

   Street Address __________________________________ City _______________ State _____

      Telephone ___________________________ Zip Code _______________ County __________

   Position Held __________________________ From _______________ To _______________
10. a. If employed less than three years with present employer, list previous employment information for last three years

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone</td>
<td>Zip Code</td>
<td>County</td>
</tr>
</tbody>
</table>

10. b. Continuation of Previous Employment History

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone</td>
<td>Zip Code</td>
<td>County</td>
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</tbody>
</table>

11. Professional References

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Relationship</th>
</tr>
</thead>
</table>

12. Address of Rooming and Boarding Houses & Cooperative Sober Living Residences Owned or applications pending (please complete FORM II for each address listed) (use separate sheet of paper if needed)

13. a. Have you ever held a license form the department of Community Affairs, Department of Health or the Department of Human Services? □ Yes □ No

   b. Department of ___________________________ License No: ___________________________

   c. If Yes, please explain (use separate sheet if needed) ___________________________

   ___________________________
14. Are you disabled or handicapped?  □ Yes  No □

If Yes, please explain:________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

15. Have you ever been convicted of a crime?  □ Yes  □ No

If Yes, please explain:________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I certify that the foregoing comments made by me are true. I am aware that if any of the foregoing statements by me are willfully false, I am subject to a penalty of up to $5,000

____________________________________  _______________________________
Signature                                              Date

NOTE: Please Make Check, Money Orders Payable To:
Treasurer, State of New Jersey

All Applications and Correspondence Should Be Mailed to:

NJ Department of Community Affairs
Bureau of Rooming and Boarding House Standards
101 South Broad Street – P.O. Box 804
Trenton, New Jersey 08625-0804