



New Jersey Department of Community Affairs
Division of Codes and Standards

FORM I

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)

NAME	ADDRESS	CITY/STATE	TELEPHONE NO	TITLE

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)

Last 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

Name of Employer _____ From _____ To _____
Street Address _____ City _____ State _____
Telephone _____ Zip Code _____ County _____

10. b. Continuation of Previous Employment History

Name of Employer _____ From _____ To _____
Street Address _____ City _____ State _____
Telephone _____ Zip Code _____ County _____

11. Professional References

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 from 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**