



# TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue  
Berkeley Heights, NJ 07922

Phone: (908) 464-2700  
Fax: (908) 464-5888

## APPLICATION FOR HOTEL LICENSE

All premises to be licensed MUST comply with State and Municipal laws, ordinances, and regulations.

**NJ CERT. OF AUTHORITY OR FEIN#:** \_\_\_\_\_ **HOTEL LICENSE FEE: \$100.00**

### *Business Information*

NAME: \_\_\_\_\_ # OF ROOMS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

### *On-Site Person In-Charge*

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

### *Owner Information*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### **OWNERSHIP TYPE**

- Sole Proprietor
- Partnership
- Corporation
- Non-profit Organization
- LLC
- LLP

IF INCORPORATED, PROVIDE NAME, TITLE, AND AUTHORITY FOR ALL CORPORATE OFFICERS:

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NOTE:** *Your application will NOT be processed until payment is received.  
A \$25.00 Late Fee applies for licenses received after January 21<sup>st</sup>, no exceptions.*

Return your completed application, along with check (made payable to "**Township of Berkeley Heights**") to:

**Board of Health  
Township of Berkeley Heights  
29 Park Avenue  
Berkeley Heights, NJ 07922**

### **HEALTH DEPARTMENT:**

I Recommend: ( ) Approval ( ) Disapproval

Date Inspected: \_\_\_\_\_

\_\_\_\_\_  
Health Officer