



TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

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MUNICIPAL CLERK/VITAL STATISTICS

APPLICATION FORM FOR HOTELS, MOTELS, LODGES AND INNS LICENSE

INSTRUCTIONS: Complete all items. If not applicable, specify with "n/a". Please print or type.

1. Name of Hotel/Motel/Lodge/Inn: _____

Address of Hotel/Motel/Lodge/Inn: _____

Block: _____ Lot: _____ Telephone #: _____

2. Applicant check one:

Sole Owner____ Partnership____ Corporation____ Limited Liability Company_____

COMPLETE APPROPRIATE SECTION ~

* Name of Sole Owner: _____

Residence: _____

Telephone #: _____

* Partner's Name: _____

Residence: _____

Telephone #: _____

Partner's Name: _____

Residence: _____

Telephone #: _____

Partner's Name: _____

Residence: _____

Telephone Number: _____

Corporate Name or Name of Limited Liability Company:

List all Officers, Directors or Stockholders holding more than 10% of the stock, including residences and telephone numbers:

(1) _____

(2) _____

(3) _____

(4) _____

Name and Address of Registered Agent: _____

3. Owner of land and/or building, if different from applicant:

Name: _____

Address: _____

Telephone #: _____

4. Has any individual mentioned in this application ever been convicted of a crime or of any violation of a municipal ordinance (excluding traffic violations)?

Yes: _____ No: _____

** If yes, attach additional information:

5. Description of buildings, structures and accommodations:

Number of units:

Existing: _____ Number of units proposed: _____

Maximum number of persons accommodated:

Existing: _____ Proposed: _____

Note: Attach a sketch showing the size and location of all proposed/ existing structures, proposed/ existing off street parking areas, and proposed/ existing signs.

UPON MY OATH OR AFFIRMATION, I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE. I FURTHER CERTIFY THAT I AM FAMILIAR WITH CHAPTER 4-18 OF THE MUNICIPAL CODE OF THE TOWNSHIP OF FAIRFIELD.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Sworn and Subscribed to Before Me

This _____ Day of _____, 20 _____

Notary Public of New Jersey

My Commission Expires: _____

**APPLICATION/RENEWAL FOR
HOTELS, MOTELS, LODGES AND INNS**

FEE: \$ 55.00/LODGING UNIT PER YEAR

TRANSFER: 20% OF ANNUAL LICENSE FEE

FOR MUNICIPAL USE ONLY:

PRE-PAID: _____ DATE FILED: _____
APPLICATION #: _____ NEW: _____
RENEWAL: _____ TRANSFER: _____
ALTERATION & ADDITION _____
FEE: _____ CASH: _____ CHECK #: _____

APPROVALS - Application sent to:

FIRE PREVENTION BUREAU CHIEF:

Date Recommendations Received: _____
Date Certificate of Approval Received: _____

HEALTH OFFICAL:

Date Recommendations Received: _____
Date Certificate of Approval Received: _____

CONSTRUCTION OFFICIAL:

Date Recommendations Received: _____
Date Certificate of Approval Received: _____

Application Presented at Mayor and Council Meeting: _____

LICENSE NO: _____ **DATE ISSUED:** _____