TOWNSHIP OF MANSFIELD Clerk's Office

3135 Route 206, Suite 1 Columbus, NJ 08022

APPLICATION FOR HOTEL/MOTEL LICENSE

Pursuant to Township of Mansfield Code Chapter 57

Pursuant to Township of Marisheld Code Chapter 57
Date of Application:
APPLICANT NAME:
APPLICANT ADDRESS:
APPLICANT PHONE NO.:
IF APPLICANT IS NOT OWNER, AFFILIATION/INTEREST:
IF APPLICANT IS COMPANY/PARTNERSHIP, PROVIDE NAMES AND ADDRESSES OF ALL STOCKHOLDERS OWNING TEN PERCENT (10%) OR MORE INTEREST IN
APPLICANT (ATTACH ADDITIONAL SHEETS IF NECESSARY):
IF ANY OF THE ABOVE STOCKHOLDERS, OR ANY OFFICER OF APPLICANT, HAS BEEN CONVICTED OF ANY CRIME, PROVIDE THEIR NAME, OFFICE HELD, DATE OF CONVICTION, NATURE OF CRIME, AND PUNISHMENT IMPOSED (ATTACH ADDITIONAL SHEETS IF NECESSARY):
HOTEL/MOTEL NAME:
STREET ADDRESS:
BLOCK: LOT:
TOTAL NO. OF DWELLING UNITS:
MAX. OCCUPANCY:
SIZE, TYPE, AND CONSTRUCTION OF HOTEL/MOTEL:

NO. AND SIZE OF PARKING SPAC	CES:		
DETAILED DESCRIPTION OF REC	SISTRATION S	YSTEM (i.e., manual, comp	outer, etc.):
PROPERTY OWNER NAME:			
PROPERTY OWNER ADDRESS:			
NAME OF ON-SITE CONTACT PE	RSON:		
PHONE NO. OF ON-SITE CONTAC	CT PERSON:		
I,	, am the		of
(name)		(title/affiliation)	
	and, as su	ch, am a representative duly	y authorized to make
(Applicant)			
this application.			
Sworn to and subscribed before me	this		
day of , 2	0		
Notary Public		Signature of Applicant	
This application form must be accor	-	ee to be calculated as follow	/s:
(\$5.00 x) + (\$1.00 x)	= \$
(no. of dwelling units up to 30)	(no. of dwelling units over 30)	(total fee due)
All licenses shall be for a term of or	(1) year com	moneing on January 1 and	ovniring on
All licenses shall be for a term of or		nending on January 1 and 6	expiring on
December 31 of the year of their iss	suance.		

NO. OF STORIES OF HOTEL/MOTEL:

To be completed by the Township						
Police I	Department					
	Date of Review:	Approved: Yes	No			
	Comments:					
Admini	strator					
	Date of Review:	Approved: Yes	No			
	Comments:					
Zoning	Officer					
	Date of Review:	Approved: Yes	No			
	Comments:					
Fire Ins	pector					
	Date of Review:	Approved: Yes	No			
	Comments:					
Constru	uction Code Official					
	Date of Review:	Approved: Yes	No			
	Comments:					
Clerk						
	Date of Review:	Approved: Yes	No			
	Comments:					