

YEAR _____ NEW ___ or RENEWAL ___
--

APPLICATION - HOTEL/MOTEL LICENSE

TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN ITS ENTIRETY

Please circle one:

NAME of CORPORATION, PARTNERSHIP, LLC, or INDIVIDUAL: _____

ADDRESS (office): _____ **TEL.#** _____

MAILING ADDRESS: _____

TRADE NAME: _____

LOCATION: _____ **TEL. #** _____

FAX # _____ **EMAIL ADDRESS:** _____

If Corporation or LLC, please give Contact Name & Emergency Telephone Number:

Please circle one:

PARTNERSHIP, LLC or INDIVIDUAL, LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
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1. _____

2. _____

3. _____

IF APPLICANT IS INCORPORATED, STATE WHERE: _____
(STATE)

	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
PRESIDENT	_____	_____	_____

SECRETARY _____

Registered Agent or person upon whom service of process is authorized to be made:

Name: _____

Address: _____

Telephone Number: _____

DO YOU: OWN _____ or LEASE _____ PROPERTY?

IF PROPERTY IS LEASED NAME OF LANDLORD, OR HOLDER OF LEASE & ADDRESS, & TELEPHONE NUMBER:

EXACT ADDRESS OF PREMISES TO BE LICENSED: _____

NUMBER OF UNITS: _____

MAXIMUM NUMBER OF PERSONS WHO CAN BE ACCOMMODATED AT ANY GIVEN TIME: _____

DESCRIPTION OF BUILDINGS, STRUCTURES, AND ACCOMMODATIONS: _____

DESCRIPTION OF BUILDINGS OR STRUCTURES AS TO SIZE, TYPE OF CONSTRUCTION FIRE PROOFING: _____

DESCRIPTION OF AUTOMOBILE PARKING SPACE AND FACILITIES:

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

NAME OF PERSON ON THE LICENSED PREMISES UPON WHOM PROCESS MAY BE SERVED:

A DETAILED DESCRIPTION OF THE REGISTER OR SYSTEM USED FOR THE REGISTRATION OF PERSONS TO WHOM ACCOMMODATIONS ARE EXTENDED: _____

HAS APPLICANT EVER BEEN CONVICTED OF A CRIME? _____

IF SO, WHAT OFFENSE? _____

DATE: _____ **IN WHAT COURT:** _____

FOR CORPORATIONS ONLY:

HAS ANY STOCKHOLDER HOLDING FIVE OR MORE PERCENT OF THE STOCK OR ANY DIRECTOR OR OFFICER EVER BEEN CONVICTED OF A CRIME? _____

IF SO, WHAT OFFENSE? _____

DATE: _____ **IN WHAT COURT:** _____

ALL LICENSES SHALL BE DISPLAYED AT A PROMINENT PLACE ON THE LICENSED PREMISES.

*******LICENSE FEE \$20.00 FOR EACH HOUSING OR LODGING UNIT (Ordinance No.30-2010)**
(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)

(Non-Refundable)

EXPIRATION DATE: DECEMBER 31ST OF EACH YEAR

Applicant's Signature

Date

Print Name

FOR OFFICE USE ONLY

FEE PAID _____ DATE _____ CK. NO. _____

FIRE INSPECTOR _____ BUILDING DEPT. _____ HEALTH DEPT. (NEW APPLICATION ONLY) _____ COUNCIL _____