

**Borough of Stone Harbor
9508 Second Ave
Stone Harbor, NJ 08247
Residential Rental License and Property Registration Form**

Applicant and Property Information

RENTAL PROPERTY ADDRESS:

BLOCK:		LOT:	
Owner:			
Address			
City	State	Zip	
Daytime Phone:	Evening Phone:	Cell Phone:	
Mortgages: Name and Address of every recorded mortgage on the premises:			
Fuel Oil: Name and Address of fuel oil dealer serving the building and grade of fuel oil used:			

Managing Agent/Realtor (if any) Person in Cape May County authorized to accept notices, issue receipts, and accept process on behalf of the owner

Name			
Address			
City:	State:	ZIP Code:	
Daytime Phone:	Evening Phone:		

Superintendent, Custodian, or Emergency Contact

Name:			
Address:			
City:	State:	ZIP Code:	
Daytime Phone:	Evening Phone:		

If Owner is a Corporation, LLC or Trust Complete the following (attached sheets if necessary)

Name:				
Name of Registered Agent:			Phone:	
Address of Registered Agent:				
City:	State:	ZIP Code:		
Telephone Number				
List Below the Name, Address, City, State, and Telephone number for each officer and director of the corporation and title held:				
Name	Title	Address	City/State	Telephone

If Owner is a Partnership, complete the following: (attached sheets if necessary)

Partnership Name:				
List Below the Names, Address, City, State, and Telephone number for each partner:				

Please attach a floor plan of each unit within the rental property. Show the location and size of each room. (Please complete and return by October 26, 2009)

Signature of owner:	Date:
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