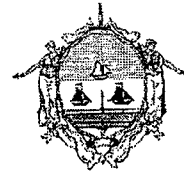


**CITY OF ATLANTIC CITY**

DEPARTMENT OF LICENSING & INSPECTIONS  
INSPECTION DIVISION/LANDLORD REGISTRATION  
City Hall – Room 112  
1301 Bacharach Boulevard  
Atlantic City, NJ 08401-4603  
Telephone: 609-347-6450  
Fax: 609-347-6454



**APPLICATION FOR AN OCCUPANCY PERMIT**

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

Receipt and Permit No. \_\_\_\_\_

Rental – Initial Inspection \$50.00

Sales/Refinance, Single Unit \$50.00

Sales/Refinance, Multiple Units: \_\_\_\_\_ units x \$50.00 each = \_\_\_\_\_

**\*\*\*\*\* ALL THE ABOVE APPLICATION FEES ARE NON-REFUNDABLE \*\*\*\*\***

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Local Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Local Contact's Address: \_\_\_\_\_

Address of property to be inspected: \_\_\_\_\_

Apt. No. \_\_\_\_\_

Block \_\_\_\_\_

Lot \_\_\_\_\_

Name and Address of Lessee or Buyer \_\_\_\_\_

Total Occupants Requested (Rental) \_\_\_\_\_

*An application is required for each dwelling unit prior to change in occupancy or upon sale or refinancing. A separate permit must be obtained for each dwelling unit. The fine for EACH VIOLATION is a MINIMUM of \$500, a MAXIMUM of \$1,000 and/or ninety (90) days in jail*

*I certify that the information above is true to the best of my knowledge and I know that if the information provided is wilfully wrong, I am subject to punishment.*

Signature of Owner, Landlord or Authorized Agent \_\_\_\_\_

**COMPLETED BY OCCUPANT FOR RENTAL PERMITS**  
List all persons and their ages who will occupy the dwelling unit:

NAME	AGE	NAME	AGE
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

▲ I hereby  request  refuse window guards to be installed on the windows of the above-referenced rental unit as per the City Code of the City of Atlantic City.

I certify that the information above is true to the best of my knowledge, and I know that if the information provided is wilfully wrong, I am subject to punishment.

Signature of Tenant \_\_\_\_\_

Date \_\_\_\_\_

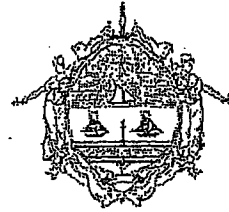
Signature of Tenant \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*\*\* UTILITIES MUST BE ON DURING INSPECTION \*\*\*\*\***

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## LANDLORD RENTAL REGISTRATION and LICENSE APPLICATION

IN COMPLIANCE WITH N.J.S.A. 46:8-28

**\*LAND USE CERTIFICATE MUST ACCOMPANY THIS FORM\***

Part I.

DATE: \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Total Number of Rental Units: \_\_\_\_\_

Record Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

If the record owner is a partnership, supply the following information for all general partners:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

If the record owner is a corporation, supply the following information for the registered agent and corporate officers:

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Corporate Officers**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

If the record owner does not have an Atlantic County address, please supply the following information for a person who resides in Atlantic County and is authorized to accept notices from a tenant, to issue receipts and to accept service of process on behalf of the record owner.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please supply the following information for the managing agent of the premises, if any:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please supply the following information for an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency affecting the premises or any unit of the dwelling space there, including such emergencies as the failure of any essential service or system, and who has the authority to make emergency decisions concerning the building and any repairs thereof or expenditure in connection within.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please list every holder of a mortgage on the premises:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If heated by fuel oil, please supply the name, address and telephone number of the fuel oil dealer servicing this property:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Who is responsible for paying the following utilities:**

Electric \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Gas \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Sewer \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Water \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

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## LANDLORD RENTAL REGISTRATION and LICENSE APPLICATION

IN COMPLIANCE WITH N.J.S.A. 46:8-28

### Part II. *TENANT INFORMATION*

Property Address: \_\_\_\_\_ Is this property under rent control? \_\_\_ Yes \_\_\_ No

UNIT \_\_\_\_\_ CURRENT RENT \_\_\_\_\_

NAME (first and last)	Age	Occupancy Date
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Who is responsible for paying the following utilities for this unit?

Electric \_\_\_ Landlord \_\_\_ Tenant                      Gas \_\_\_ Landlord \_\_\_ Tenant  
Sewer \_\_\_ Landlord \_\_\_ Tenant                      Water \_\_\_ Landlord \_\_\_ Tenant

UNIT \_\_\_\_\_ CURRENT RENT \_\_\_\_\_

NAME (first and last)	Age	Occupancy Date
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Who is responsible for paying the following utilities for this unit?

Electric \_\_\_ Landlord \_\_\_ Tenant                      Gas \_\_\_ Landlord \_\_\_ Tenant  
Sewer \_\_\_ Landlord \_\_\_ Tenant                      Water \_\_\_ Landlord \_\_\_ Tenant

UNIT \_\_\_\_\_ CURRENT RENT \_\_\_\_\_

NAME (first and last) Age Occupancy Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Who is responsible for paying the following utilities for this unit?

Electric \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant Gas \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant  
Sewer \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant Water \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

UNIT \_\_\_\_\_ CURRENT RENT \_\_\_\_\_

NAME (first and last) Age Occupancy Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Who is responsible for paying the following utilities for this unit?

Electric \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant Gas \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant  
Sewer \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant Water \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

UNIT \_\_\_\_\_ CURRENT RENT \_\_\_\_\_

NAME (first and last) Age Occupancy Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Who is responsible for paying the following utilities for this unit?

Electric \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Gas \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Sewer \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Water \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

UNIT \_\_\_\_\_ CURRENT RENT \_\_\_\_\_

NAME (first and last)

Age

Occupancy Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Who is responsible for paying the following utilities for this unit?

Electric \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Gas \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Sewer \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

Water \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

**INSTRUCTIONS REGARDING POSTING AND NOTICE TO TENANT:**

Within thirty (30) days following the effective date of this statute, and at the time of the creation of a new tenancy, every landlord shall provide each occupant or tenant in his dwelling a written statement containing all the information required to be filed in accordance with N.J.S.A. 46:8-28. Commencing thirty (30) days following the effective date hereof, the information shall also be posted at all times in the lobby or other conspicuous place on the premises. In the event that any information contained in this Rental Registration and License Application shall change, the landlord shall advise each occupant or tenant of the changes in writing within thirty (30) days and correct the information posted within seven (7) days after said change.

By: \_\_\_\_\_ Date  
Signature of Landlord

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date