TOWNSHIP OF EAST BRUNSWICK
MUNICIPAL CLERK'S OFFICE

Township of East Brunswick
1 Civic Center Drive
East Brunswick, New Jersey 08816

Tele: 732-390-6850
Email: Clerk@Eastbrunswick.org
Hours: 8:30 a.m. to 4:30 p.m. (M-F)

HOTEL/MOTEL LICENSE APPLICATION

1. HOTEL/MOTEL INFORMATION

Name of Establishment:		Hotel/Motel (Select One)	□ Hotel □ Motel
Street Address:		Phone No.:	
City, State, Zip Code:		Email:	
Block and Lot:		Fax No.:	
Description of Business, Structure and Accommodations on Premises:			
Number of Sleeping Units:		Maximum Occupancy:	

2. BUSINESS OWNER INFORMATION

Name of Owner:		Phone No.:	
Street Address:		Email:	
City, State, Zip Code:		Fax No.:	

3. OPERATOR INFORMATION (if different than owner)

Name of Operator:		Phone No.:	
Street Address:		Email:	
City, State, Zip Code:		Fax No.:	

4. REGISTERED AGENT INFORMATION

Name of Agent:		Phone No.:	
Street Address:		Email:	
City, State, Zip Code:		Fax No.:	

5. ATTORNEY INFORMATION

Name of Attorney:		Phone No.:	
Street Address:		Email:	
City, State, Zip Code:		Fax No.:	

6. Have you (the applicant) ever held a hotel/motel or hotel license (in this or any other municipality? ☐ Yes ☐ No

7. If you answered yes to the question above, please list each and every motel or hotel license that you currently hold or previously held, including the municipality in which the license is held and the time held: _____

_____

_____

8. Have you (the applicant) ever been denied a motel or hotel license or had a motel or hotel licenses revoked? ☐ Yes ☐ No

9. If you answered yes to the question above, please describe in detail the circumstances surrounding the denial or revocation: _____

_____

_____

_____

_____

10. Have you (the applicant) or anyone else identified above ever been arrested and/or convicted for any crimes or disorderly conduct? ☐ Yes ☐ No

11. If you answered yes to the question above, please describe in detail the circumstances surrounding each and every arrest and/or conviction, including the nature of the offense for which you were arrested and/or convicted, the date of arrest and/or conviction, the court in which said conviction occurred:

_____

_____

_____

License should be mailed to the following address:

☐ Home ☐ Business ☐ Other (Specify) _____

_____ _____
Signature of Owner/Legal Agent Date

NOTARY PUBLIC

Sworn and subscribed before me
this _____ day of _____, 20_____

Before me, the undersigned notary public, I attest that satisfactory evidence of identification was provided and reviewed of the person who signed above, and I have witnessed that he/she has signed this document voluntarily for its stated purpose.

_____
Signature of Notary

_____
Commission Expiration Date

NOTARY SEAL

Application Fee Chart

Township of East Brunswick
Municipal Clerk's Office
1 Civic Center Drive
P.O. Box 1081
East Brunswick, NJ 08816

- Annual Fee: **$75.00**
- Fee by rooms: **$**_____

01-10 rooms [$25 per unit]
11-20 rooms [$15 per unit]
21+ rooms [$10 per unit]

HOTEL/MOTEL LICENSE APPLICATION

[CONTINUES]

****

TOWNSHIP USE ONLY

Chief of Police	Approved □	Not Approved □	_____ Signature	_____ Date
Business Administrator	Approved □	Not Approved □	_____ Signature	_____ Date
Zoning Officer	Approved □	Not Approved □	_____ Signature	_____ Date
Fire inspector	Approved □	Not Approved □	_____ Signature	_____ Date
Construction Office	Approved □	Not Approved □	_____ Signature	_____ Date

FOR OFFICIAL USE ONLY

License # _____ Date Received: _____

Method of Payment: Cash _____ Check _____ Check #: _____