TOWNSHIP OF WASHINGTON
523 EGG HARBOR ROAD
SEWELL, NJ 08080
(856) 589-0520

HOTEL/MOTEL OPERATING LICENSE APPLICATION FORM

The Township of Washington has passed Ordinance O004-2021 regarding the Licensing of Hotels, Motels and Temporary Accommodations.

Applicants must complete this application in full to avoid a delay in the issuance of your license. Where a question is not applicable, please enter "N/A". Where additional pages are necessary, you may photocopy any part of this application. A complete application is required for the following:

- New License
- Transfer
- Partnership Changes/Change in Corporate Structure (of more than 33 1/3 interest)
- License Renewal

If you are reporting a change in facts about your license, which does not involve one of the above transactions you must complete each section of this application where a change is being made. You must also complete the Certification page.

You must submit one completed original application, or pages reporting changes, to the MUNICIPAL CLERK of WASHINGTON TOWNSHIP.

All fees are to accompany the application at the time of the filing. Payment may be made by cash, check, certified check or money order made payable to WASHINGTON TOWNSHIP.

Renewal Applications must be completed in its entirety and submitted to the Township Clerk on or before November 1st. of each year to allow for inspections and final approval prior to annual term from January 1 – December 31.

GENERAL BUSINESS INFORMATION

Legal Name of Hotel/Motel: _____

Trade Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Block_____ Lot _____

Corporate address (if applicable):

Corporate Name: _____

Corporate Address: _____

City: _____ State: _____ Zip: _____

Name of Contact Person Making Application: _____

Title: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

TYPE OF BUSINESS

☐ Corporation
☐ Limited Liability Corporation
☐ Partnership
☐ Non-Profit
☐ Sole Proprietorship
☐ Other _____

EMERGENCY CONTACT INFORMATION

Name	Position	Telephone Number

INTERESTED PARTIES

Name and address of each person having 10% or more interest in the licensed premise (If corporation provide name and address of the president and secretary and registered agent, if applicable; if a partnership, provide the names and addresses of all partners; attach additional sheet if necessary):

Name: _____

Mailing Address: _____

Phone Number: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Name: _____

Mailing Address: _____

Phone Number: _____

LAND/BUILDING OWNER

Name and address of Owner of Land and Buildings. (If renting from a corporation or partnership, then provide the name of all persons holding 10% or more interest in the property):

Name: _____

Mailing Address: _____

Phone Number: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Name: _____

Mailing Address: _____

Phone Number: _____

ATTORNEY/LEGAL NOTICE CONTACT INFORMATION

Name and address of the person or persons on the licensed premises upon whom process may be served, providing legal address for service if different from licensed premise address.

Name: _____

Mailing Address: _____

Phone Number: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Attorney Name: _____ Phone Number: _____

Firm Name: _____

Mailing Address: _____

BUSINESS, STRUCTURE, ACCOMMODATIONS

Description of the business, structure and accommodations upon said land, including a statement of the number of sleeping units, the maximum number of persons who can be accommodated at any given time.

Description: _____

_____

Structure:_____

_____

Number of floors in the building: _____ Maximum occupancy of building: _____

Number of units available for occupation: _____

Maximum number of guests per room: _____

PRIOR LICENSE

Has the applicant(s) ever held a motel or hotel license: _____ Yes _____ No

Has the license ever been denied or revoked: _____ Yes _____ No

If yes, please describe: _____

_____

_____

CRIMINAL HISTORY

Has any applicant, stockholder or owner ever been arrested and/or convicted of a crime or disorderly conduct?

Yes _____ No _____ If yes: Date: _____ Jurisdiction: _____

If Yes, include the nature of the offense for which the arrest or conviction, the date of conviction and the court in which said conviction occurred for each every person identified.

_____

_____

_____

Payment for License Fee must accompany this application.
All fees are non-refundable.

FEE SCHEDULE:	
Seventy-Five Dollars ($75.00) plus	$ 75.00
Units 1 – 10 → $25 each unit	$
Units 11 – 20 → $15 each unit	$
Units 21 or more → $10 each unit	$
Total Fee:	$

CERTIFICATION OF APPLICANT

I, _____, serving as _____
(Full name) (Position)

for _____ do certify that the answers given in this
(Corporate Name)

application are true, accurate and complete answers to each and all said questions and that I am making this application for the purpose of obtaining a Motel Operating License for

_____, located
(Trade name)

at _____.
(Address)

I further understand that by making this application to a government agency and affixing my seal or signature under oath I am subjecting myself to perjury by certifying or making incorrect statements and that I further subject myself to penalty of law if convicted of perjury.

_____
Signature

_____
Title

_____
Date

Sworn before me this _____ day
of _____, _____.

_____
Notary Public Signature

For Township Use Only: All inspections must be completed in 30 days.

Application year: _____ Date of receipt of application: _____

Name of Hotel/Motel: _____ # of Rooms: _____

Inspections:

Date of Zoning Inspection:_____ Date Clerk Rec'd Zoning Inspection:_____

Name of Zoning Officer: _____

Zoning Recommendation: _____ Approve _____ Deny

Notes: _____

Date of Construction Inspection:_____ Date Clerk Rec'd Construction Inspection:_____

Name of Construction Official: _____

Construction Recommendation: _____ Approve _____ Deny

Notes: _____

Date of Fire Inspection:_____ Date Clerk Rec'd Fire Inspection:_____

Name of Fire Inspector: _____

Fire Recommendation: _____ Approve _____ Deny

Notes: _____

Date of Police Inspection:_____ Date Clerk Rec'd Police Inspection:_____

Name of Police Officer: _____

Police Recommendation: _____ Approve _____ Deny

Notes: _____

Business Administrator: _____ Approve _____ Deny

Payment Information:

Payment Type: _____ Check No. _____ Date Deposited: _____

Application: _____ Approved _____ Denied

Date of Notification of Disposition: _____ Date of Hearing: _____