



**TOWN of SECAUCUS
HOTEL/MOTEL LICENSE APPLICATION**

TEL: 201-330-2027

FAX: 201-974-1387

APPLICANT _____ PHONE # _____

RESIDENCE _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

HOTEL/MOTEL NAME _____ PHONE # _____

ADDRESS _____

E-MAIL ADDRESS _____

MANAGER _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

HOUSING/LODGING UNITS _____

MAX. PERSONS ACCOMODATED _____

PARKING LOCATION _____

TOTAL PARKING SPACES _____

BUILDING/LANDOWNER _____ PHONE # _____

ADDRESS _____

E-MAIL ADDRESS _____

DESCRIBE:

BUILDINGS _____

ACCESSORY STRUCTURES _____

ACCOMODATIONS _____

DESCRIBE IN DETAIL THE REGISTRATION SYSTEM AS IT RELATES TO SECTION 80A-9 (TOWN ORDINANCE 83-21).

IF APPLICANT IS INCORPORATED, LIST NAMES AND RESIDENCE OF ALL STOCK-HOLDERS HOLDING FIVE PERCENT (5%) OR MORE CORPORATION SHARES, AND ALL OFFICERS AND THEIR TITLES.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

HAS ANY PERSON, PARTNER, STOCKHOLDER (5% OR MORE), DIRECTOR OR OFFICER EVER BEEN CONVICTED OF ANY CRIME? _____

IF THE ABOVE ANSWER IS YES, PROVIDE DETAILS INCLUDING, WITH RESPECT TO EACH CONVICTION, THE NAME OF THE PERSON CONVICTED, THE DATE THEREOF, THE NATURE OF THE CRIME, THE COURT IN WHICH THE CONVICTION WAS ENTERED AND THE PUNISHMENT IMPOSED.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

NOTE APPLICATION CHANGE

ANY CHANGE IN THE INFORMATION SET FORTH IN THE APPLICATION DURING THE TERM OF THE LICENSE SHALL BE FORTHWITH COMMUNICATED BY THE LICENSEE IN WRITING TO THE CONSTRUCTION CODE OFFICIAL.

HOTEL/MOTEL OWNER

DATE