



## BOROUGH OF CARLSTADT

Zoning Department  
Memorial Municipal Building  
500 Madison Street  
Carlstadt, NJ 07072

### APPLICATION FOR HOTEL/MOTEL LICENSE

**Carlstadt Borough Ordinance 99-39**  
Applicable to all hotel/motels with under 100 sleeping rooms.

Date of Application:

HOTEL/MOTEL NAME: _____	
NAME OF ON-SITE CONTACT PERSON: _____	
STREET ADDRESS: _____, CARLSTADT, NJ 07072	
TELEPHONE NO. _____	FAX NO. _____
TOTAL NUMBER OF ROOMS: _____	
NO. OF SLEEPING ROOMS: _____	
NUMBER OF STORIES IN HEIGHT: _____	
PROPERTY OWNER NAME AND ADDRESS: _____	
LOCATION: BLOCK _____	LOT _____

Name of Applicant: _____	
Corporation/Business Entity: _____	
Address: _____	
Occupation/Title/ Affiliation: _____	
Telephone No. _____	Fax No. _____

I _____ am the _____, of _____	
(Applicant's Name)	(Title/Affiliation)
_____ and as such am a representative	
(Name of Corporate/Business Entity)	
duly authorized to make this application.	
Sworn to and subscribed before me	
This _____ day of _____	
_____ Notary Public	_____ Signature of Applicant

This application form must be accompanied by a fee of **\$250.00**. Checks should be payable to the "Borough of Carlstadt."

All permits shall run from January 1 of each year and shall terminate on the last day of December of the same year.

<p><b>Approval of Fire Safety Official</b></p> <p>The above premises has been inspected on _____ and complies with _____ (Date of inspection) the requirements of N.J.S.A. 55:13A-1, if applicable, and approved.</p> <p>Date: _____ Fire Official Signature</p>
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<p><b>Approval of Zoning Official</b></p> <p><input type="checkbox"/> Application form complete <input type="checkbox"/> Fire Safety approval noted <input type="checkbox"/> Copy of Ord. 99-39 provided to applicant <input type="checkbox"/> \$250.00 fee received. Check No. _____. <input type="checkbox"/> Permit No. _____ issued _____. (Date)</p> <p>Date: _____ Zoning Official Signature</p>
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