

Borough Of Ocean Gate
801 Ocean gate Avenue
CN 100, Ocean Gate NJ
08740

Rental Division Phone: 732-269-3166, ext. 129

RENTAL FACILITY LICENSE APPLICATION & CERTIFICATION
PURSUANT TO ORDINANCE#698-24

NOTE: Please read instructions/requirements on Rental License Application Procedure: DUE DATE _____

1. Rental Property Address _____ Ocean Gate NJ Block ____ Lt ____
(Street /location Unit)

2. Owners of Record: _____

Home Address _____

Phone # _____
(Day) (Night) (Cell)

Record owner is a Corporation ____ (Yes/No) Record Owner is a Partnership ____ (Yes/No)

Registered Agent:

(Name) (Address) (Phone)

3. Manager/Local Contact Information: If owner is not a resident of Ocean County, NJ, please provide the information of an individual that you have authorized for acceptance of notices from tenant or municipality issue receipts therefore and to accept service of process on behalf of the Owner of Record.

(Name) (Address, city, state, zip-code) (Phone)

4. Superintendent/Janitor/Custodian or other individual to provide regular maintenance service:

(Name) (Address) (Phone)

5. Owner's Emergency Representative- in absence of owner/agent, NOT IN SAME RESIDENTS AS OWNER or TENANT, in time of emergency that is authorized to make emergency decisions regarding this rental unit

(Representative) (Address, city, state, Zip-code)
Day Phone# _____ Night Phone# _____

6. Mortgage Holder Information. List all company holders of recorded mortgages on this rental property.
Name: _____ Address _____

7. Unit Utilities Information:

Owner's Responsibility ____ (yes/no) Heat ____, Electric ____, Water ____, Sewer ____, Yard Maint., ____
Tenant's Responsibility ____ (yes/no) Heat ____, Electric ____, Water ____, Sewer ____, Yard Maint., ____

Fuel Dealers Name: _____ Address _____ Phone _____

8. Number of Sleeping Rooms in this unit _____

Note: Floor plan requirement attached to rental license application Procedure

9. **Current Occupants:** Provide Tenant Certification (attached/enclosed)

10. **Registration Fee Information:** \$200.00 Initial (Renewal \$125.00) Payment \$_____ or

☐ **Exempt** No payment is required, qualifying NJ Property Tax as Senior Citizen Resident Owner,
I am exempt from registration fee.

11. **Non-Rental Unit Certification:** Location _____ I certify this is not
a Residential Rental Unit and will no longer be used as such.

12. **Owner/Agent Certification:** I hereby certify that all of the above information is true to the best of my
knowledge, and belief. I am aware that if the foregoing information is willfully false, that I am subject to penalties
and criminal prosecution.

Date _____ Owner/Agent Signatures _____

NOTARY Date _____ Signature _____

SEAL

Note: Every person required to file this registration form pursuant to this registration shall file an amended
registration form within 20 days after any change in the information required to be included hereon. No additional
fee shall be required for the amendment except when ownership of the unit is changed. All property fees must be
paid and all municipal charges satisfied or this application will be considered incomplete and not in compliance
with the Ordinance #698-24

Each anniversary of registration of a rental unit will require a renewal registration which will be sent to Owner/
agent for implementation and procurement of a new license.

FOR OFFICIAL USE ONLY

\$ _____ Registration Fee \$ _____ Re-inspection Fee _____ Fee Exempt _____ Taxes. Utility fees, assessments
satisfied

_____ Control Number _____ Inspection Compliance Date _____

Inspectors Signature

Registration Form Due by: _____
(Don't forget to include floor plans)

Application Date: _____

Interim Inspection Date _____
Due to Flood