



New Jersey Department of Community Affairs  
Division of Codes and Standards

FORM I

License Application for Owners and/or  
Operators of Rooming and Boarding Houses

**Section A** \_\_\_\_\_

THIS SECTION IS TO BE COMPLETED **ONLY** WHERE THE OWNER OF A ROOMING AND BOARDING HOUSE IS A CORPORATION, PARTNERSHIP OR ASSOCIATION.

1. Name of corporation, partnership or association \_\_\_\_\_

2a. Address \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_ 3. Employer Identification Number \_\_\_\_\_

4. Name, address and telephone number of all officers, directors, stockholders, members and partners:  
(USE SEPARATE SHEET OF PAPER IF NECESSARY)

NAME	ADDRESS	CITY/STATE	TELEPHONE NO	TITLE

5. Primary Owner (See regulation N.J.A.C.5:27-1.7(b)(2))

a. Name \_\_\_\_\_

b. Address \_\_\_\_\_

c. Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Have you or any person listed above been convicted of a crime?  Yes  No

If Yes, state (on separate sheet of paper) the name(s) and position(s) so convicted, where and when and the nature of the offense.

**Section B** \_\_\_\_\_

This Section is to be completed by:

- A. A PERSON WHO OWNS A ROOMING AND/OR BOARDING HOUSE AS AN INDIVIDUAL;
- B. A PERSON WHO OWNS A ROOMING AND/OR BOARDING HOUSE AS AN INDIVIDUAL AND ALSO OPERATES THE ROOMING AND/OR BOARDING HOUSE;
- C. A PERSON DESIGNATED AS PRIMARY OWNER WHERE THE ROOMING AND/OR BOARDING HOUSE IS OWNED BY A CORPORATION, ASSOCIATION OR PARTNERSHIP; OR
- D. A PERSON WHO IS A ROOMING AND/OR BOARDING HOUSE OPERATOR

1. Name (Please print or type)

\_\_\_\_\_

Last First Middle Initial

2. Date of Birth \_\_\_\_\_ 3. Social Security Number \_\_\_\_\_

4. a. Present Address

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

b. Length of Time at Current Address \_\_\_\_\_ Years \_\_\_\_\_ Months From \_\_\_\_\_ To \_\_\_\_\_

5. If less than two years at current address, list addresses where you have lived for the past three years in addition to the one listed in #4 above:

\_\_\_\_\_  
\_\_\_\_\_

6. Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

6a Email address \_\_\_\_\_

7a. Have you ever used or been known by another name? (Including maiden name if married)  Yes  No

b: If yes, what is that name? \_\_\_\_\_

8a. Education

b. Certificates/Licenses, Degrees \_\_\_\_\_

9a. Employment Information

\_\_\_\_\_  
Name of Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

10. a. If employed less than three years with present employer, list previous employment information for last three years

Name of Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

10. b. Continuation of Previous Employment History

Name of Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

11. Professional References

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Address of Rooming and Boarding Houses Owned (please complete FORM II for each address listed) (use separate sheet of paper if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. a. Have you ever held a license from the department of Community Affairs, Department of Health or the Department of Human Services?  Yes  No

b. Department of \_\_\_\_\_ License No: \_\_\_\_\_

c. If Yes, please explain (use separate sheet if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Are you disabled or handicapped?  Yes      No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been convicted of a crime?  Yes       No

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing comments made by me are true. I am aware that if any of the foregoing statements by me are willfully false, I am subject to a penalty of up to \$5,000

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Please Make Check, Money Orders Payable To:**  
**Treasurer, State of New Jersey**

**All Applications and Correspondence Should Be Mailed to:**

**NJ Department of Community Affairs  
Bureau of Rooming and Boarding House Standards  
101 South Broad Street – P.O. Box 804  
Trenton, New Jersey 08625-0804**