

**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. \_\_\_\_\_

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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: \_\_\_\_\_

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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.

**Approval of Fire Safety Official**

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.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
Fire Official Signature

**Approval of Zoning Official**

Application form complete  
 Fire Safety approval noted  
 Copy of Ord. 99-39 provided to applicant  
 \$250.00 fee received. Check No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_ issued \_\_\_\_\_  
(Date)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
Zoning Official Signature