CITY OF ATLANTIC CITY

DEPARTMENT OF LICENSING & INSPECTIONS
DIVISION OF LANDLORD REGISTRATION
City Hall – Room 112
1301 Bacharach Boulevard
Atlantic City, NJ 08401-4603
Telephone: 609-347-6450
Fax: 609-347-6454

LANDLORD RENTAL REGISTRATION and LICENSE APPLICATION

IN COMPLIANCE WITH N.J.S.A. 46:8-28

LAND USE CERTIFICATE MUST ACCOMPANY THIS FORM

Part I.

DATE:_____ **REGISTRATION NO.** _____

Property Address: _____

Block: _____ Lot: _____ Total Number of Rental Units: _____

Record Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day:_____ Evening: _____

E-mail: _____

If the record owner is a partnership, supply the following information for all general partners:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day:_____ Evening: _____

E-mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day:_____ Evening: _____

E-mail: _____

If the record owner is a corporation, supply the following information for the registered agent and corporate officers:

Registered Agent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day: _____ Evening: _____

E-mail: _____

Corporate Officers

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day: _____ Evening: _____

E-mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day: _____ Evening: _____

E-mail: _____

If the record owner does not have an Atlantic County address, please supply the following information for a person who resides in Atlantic County and is authorized to accept notices from a tenant, to issue receipts and to accept service of process on behalf of the record owner.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day: _____ Evening: _____

E-mail: _____

Please supply the following information for the managing agent of the premises, if any:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day: _____ Evening: _____

E-mail: _____

Please supply the following information for an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency affecting the premises or any unit of the dwelling space there, including such emergencies as the failure of any essential service or system, and who has the authority to make emergency decisions concerning the building and any repairs thereof or expenditure in connection within.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Day:_____ Evening: _____

E-mail: _____

Please list every holder of a mortgage on the premises:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If this property is heating by fuel oil, please list the name, address and telephone number of the fuel oil dealer servicing this property:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Who is responsible for paying the following utilities:

Electric _____ Landlord _____ Tenant **Gas** _____ Landlord _____ Tenant

Sewer _____ Landlord _____ Tenant **Water** _____ Landlord _____ Tenant

Part II. *TENANT INFORMATION*

Property Address: _____ Is this property under rent control? ___ Yes ___ No

UNIT _____ CURRENT RENT _____

NAME (first and last) Age Occupancy Date

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Who is responsible for paying the following utilities for this unit?

Electric _____ Landlord _____ Tenant Gas _____ Landlord _____ Tenant

Sewer _____ Landlord _____ Tenant Water _____ Landlord _____ Tenant

UNIT _____ CURRENT RENT _____

NAME (first and last) Age Occupancy Date

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Who is responsible for paying the following utilities for this unit?

Electric _____ Landlord _____ Tenant Gas _____ Landlord _____ Tenant

Sewer _____ Landlord _____ Tenant Water _____ Landlord _____ Tenant

UNIT _____ CURRENT RENT _____

NAME (first and last) Age Occupancy Date

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Who is responsible for paying the following utilities for this unit?

Electric _____ Landlord _____ Tenant Gas _____ Landlord _____ Tenant

Sewer _____ Landlord _____ Tenant Water _____ Landlord _____ Tenant

UNIT _____ CURRENT RENT _____

NAME (first and last) Age Occupancy Date

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Who is responsible for paying the following utilities for this unit?

Electric _____ Landlord _____ Tenant Gas _____ Landlord _____ Tenant

Sewer _____ Landlord _____ Tenant Water _____ Landlord _____ Tenant

UNIT _____ CURRENT RENT _____

NAME (first and last) Age Occupancy Date

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Who is responsible for paying the following utilities for this unit?

Electric _____ Landlord _____ Tenant Gas _____ Landlord _____ Tenant

Sewer _____ Landlord _____ Tenant Water _____ Landlord _____ Tenant

UNIT _____ CURRENT RENT _____

NAME (first and last) Age Occupancy Date

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____

Who is responsible for paying the following utilities for this unit?

Electric _____ Landlord _____ Tenant **Gas** _____ Landlord _____ Tenant

Sewer _____ Landlord _____ Tenant **Water** _____ Landlord _____ Tenant

INSTRUCTIONS REGARDING POSTING AND NOTICE TO TENANT:

Within thirty (30) days following the effective date of this statute, and at the time of the creation of a new tenancy, every landlord shall provide each occupant or tenant in his dwelling a written statement containing all the information required to be filed in accordance with N.J.S.A. 46:8-28. Commencing thirty (30) days following the effective date hereof, the information shall also be posted at all times in the lobby or other conspicuous place on the premises. In the event that any information contained in this Rental Registration and License Application shall change, the landlord shall advise each occupant or tenant of the changes in writing within thirty (30) days and correct the information posted within seven (7) days after said change.

By: _____ Date
Signature of Landlord

_____ _____
Owner's Signature **Date**

_____ _____
Agent's Signature **Date**

Please copy and use as needed:

UNIT _____ CURRENT RENT _____

NAME (first and last) Age Occupancy Date

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Who is responsible for paying the following utilities for this unit?

Electric _____ Landlord _____ Tenant Gas _____ Landlord _____ Tenant

Sewer _____ Landlord _____ Tenant Water _____ Landlord _____ Tenant

UNIT _____ CURRENT RENT _____

NAME (first and last) Age Occupancy Date

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NAME (first and last) Age Occupancy Date

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UNIT _____ CURRENT RENT _____

NAME (first and last)	Age	Occupancy Date
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Sewer _____ Landlord _____ Tenant Water _____ Landlord _____ Tenant

UNIT _____ CURRENT RENT _____

NAME (first and last)	Age	Occupancy Date
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Sewer _____ Landlord _____ Tenant Water _____ Landlord _____ Tenant