

James A. Bilella II  
Mayor



Michael T. Kwasizur, CPA, CMFO  
Borough Administrator/CMFO

Municipal Building  
59 South White Horse Pike  
Berlin, New Jersey 08009

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**APARTMENT LICENSE REGISTRATION**  
**Pursuant to Chapter 256 of the Code of the Borough of Berlin**

Must be filed within thirty (30) days of transfer of ownership or creation of new apartments

1. Name of record owner(s) of premises:

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

2. Address and phone number of record owner(s) of premises:

\_\_\_\_\_ ( ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Address of rental property:

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

4. Name and phone number of tenants:

\_\_\_\_\_ ( ) \_\_\_\_\_  
\_\_\_\_\_

5. If corporation, the name, address and phone number of the registered agent and corporate officers of said corporation:

\_\_\_\_\_ ( ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Managing agent or maintenance service who may be contacted at any time in the event of an emergency affecting the premises:

\_\_\_\_\_ ( ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If fuel oil is used to heat the building and the landlord furnishes the heat, please state the name and address of fuel oil dealer and the grade of fuel oil.

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

8. Name and Address of every holder of a recorded mortgage on the premises:

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

9. Number of sleeping rooms: \_\_\_\_\_

PLEASE NOTE: Floor plan must be submitted and attached to the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date