

APPLICATION TO OPERATE A BED & BREAKFAST RESIDENCE

Trade Name of Residence: _____

Name of Applicant: _____

Applicant's Address: _____

Telephone Number: _____ Date of Birth: _____

Social Security Number: _____

Owner of Residence: Yes: _____ No: _____ **If not, owner of residence must endorse application**

List place(s) of residence for the past ten years if different than above:

_____ From: _____ To: _____

_____ From: _____ To: _____

Number of Guest Rooms: _____

Parking Spaces Available: On-Site _____ Off-Site _____

(Note: Copy of Lease Agreement for Off-Site Parking must be attached to application)

APPLICANT HEREBY ACCEPTS LICENSE SUBJECT TO ALL CONDITIONS SET FORTH IN ANY ORDINANCE HERETOFORE ADOPTED BY THE MAYOR AND COUNCIL OF THE BOROUGH OF FREEHOLD PERTAINING TO THE NATURE OF THE LICENSE, WHICH SAID ORDINANCE IS MADE A PART HEREOF. APPLICANT ACKNOWLEDGES THAT VIOLATION OF THE BED & BREAKFAST ORDINANCE LICENSE PROVISIONS MAY RESULT IN MUNICIPAL COURT ACTION OR LOSS OF THE LICENSE.

APPLICANT'S SIGNATURE

DATE

LICENSE FEE: \$300.00