



LICENSE ASSIGNMENT FORM***

PLEASE INCLUDE SIGNATURES OF ALL PERSONS LISTED ON THE RECORDED DEED
 ATTACH A *SIGNATURE ADDENDUM PAGE* IF MORE THAN TWO SIGNATURES ARE REQUIRED

License Information			
File Number:			
Effective Date:		Expiration Date:	
Annual Fee:		Term of License (in years):	
Site Location			
Address:			
Municipality:		County:	
Block:	Lot:	Waterway:	
Purchase Date:		Sale Date (if applicable):	
Current License Holder Information			
Name(s):			
Mailing Address:			
City:	State:	Zip Code:	
License Assignee Information			
Name(s):			
Mailing Address:			
City:	State:	Zip Code:	
Daytime Telephone Number:		Email Address:	
Current Deed Information			
Date of Deed:		County:	
Deed Book:		Page Number:	

*****It is in both the Buyer's and the Seller's interest to record this document with your County. Once you have done so, please furnish the Bureau of Tidelands with the Deed Book and Page number for our records.**

Current License Holder Signature

I, the undersigned, hereby agree to transfer the above Tidelands License to the designated Assignee.

Signature of Current License Holder:

Date:

Print Name:

Signature of Current License Holder:

Date:

Print Name:

Signature of Notary Public:

Date:

Affix Seal:

License Assignee Signature

I, the undersigned, hereby accept assignment of the above Tidelands License. I understand that I am now responsible for payment of the annual License fee and that the State of New Jersey may compel payment if that fee is not received on time. Furthermore, I agree to abide by the terms and conditions contained in the License Document.

Signature of Assignee:

Date:

Print Name:

Signature of Assignee:

Date:

Print Name:

Signature of Notary Public:

Date:

Affix Seal:

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Bureau of Tidelands Acknowledgment (for Office Use Only)

The State of New Jersey via the Department of Environmental Protection, Division of Land Use Regulation, Bureau of Tidelands Management hereby consents to the above Assignment of License.

Signature of Tidelands Manager:

Date:

Print Name:

Signature of Notary Public:

Date:

Affix Seal:

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