

**STATE OF NEW JERSEY  
DEPARTMENT OF COMMUNITY AFFAIRS  
DIVISION OF CODES AND STANDARDS  
BUREAU OF ROOMING AND BOARDING HOUSE STANDARDS**

**LICENSE APPLICATION FOR OWNERS AND OPERATORS  
OF EMERGENCY SHELTERS FOR THE HOMELESS**

**SECTION A**

Class of shelter applying for (check one) (5:15-1.6):

1.  Class I – Adult individuals – 24 hour a day shelter.
2.  Class II – Adult individuals providing shelter during the night time hours only.
3.  Class III – Facilities with children.

**SECTION B**

Owner / Shelter Applicant Information (5:15-1.7):

1. Owner \_\_\_\_\_

(Name)	(Telephone No.)
(Street Address)	
(City)	(County)
(State)	(Zip Code)
(Date of Birth)	
(Social Security, Federal I.D. or Non-Profit Number)	

2. If the applicant is a partnership, association or corporation, list the name of all officers, directors, stockholders, and partners owning a controlling interest in the shelter.

A. Name	B. Address	C. City/State/Zip	D. Phone #	E. Title
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**SECTION C**

Responsible person upon whom orders or notices shall be served (5:15-1.7):

1. Person responsible \_\_\_\_\_  
(Name) (Telephone No.)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (County)  
\_\_\_\_\_  
(State) (Zip Code)  
\_\_\_\_\_  
(Date of Birth) (Social Security No.)

**SECTION D**

Check below in response to the following (5:15-1.6(d) and 5:15-4.15(e)):

1. Have you or any officer, partner, director, stockholder or employee responsible for the operation of the shelter ever been convicted of any crime(s)?

\_\_\_\_\_ Yes\*\*      \_\_\_\_\_ No

**\*\*If yes, state, on a separate sheet of paper, the name(s), position(s) of person(s) so convicted, where and when, and the nature of the offense(s).**

2. Are you or any officer, partner, director, stockholder or employee, (compensated or volunteer) responsible for the operation of the shelter suffering from a degree of mental illness or habituation or addiction to alcohol or other drugs?

\_\_\_\_\_ Yes\*\*      \_\_\_\_\_ No

**\*\*If yes, state, on a separate sheet of paper, the name(s), position(s) of person(s) so involved and the nature of the problem.**

**SECTION E**

If owner is a municipality, county or other entity, complete below (5:15-1.2(c)):

1. Name of municipality, county or other entity \_\_\_\_\_  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Telephone No.)

**SECTION F**

Building Information (5:15-1.7(a)):

1. Emergency shelter name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
                                    (Street)                                    (City)                                    (County)  
\_\_\_\_\_   
                                    (State)    (Zip Code)
3. Telephone number at the shelter: \_\_\_\_\_
4. Tax map: Block # \_\_\_\_\_ Lot # \_\_\_\_\_
5. Number of stories: \_\_\_\_\_
6. Maximum number of residents building can accommodate: \_\_\_\_\_
7. Current number of residents: \_\_\_\_\_
  
8. Date building received its Certificate of Occupancy as an Emergency Shelter for the Homeless \*\*: \_\_\_\_\_

**\*\*Submit a copy of the R-2 Use Group Certificate of Occupancy by attaching it to this application.**

**\*\*Also, please submit proof of non-profit status (501-C(3)) from Internal Service.**

Date: \_\_\_\_\_

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

Fee: \$10 Annually

Please make check/money order payable to:

**TREASURER, State of New Jersey**

**Department of Community Affairs**

**Bureau of Rooming and Boarding House Standards**

**P.O. Box 804, Trenton, N.J. 08625-0804**