



**Application for License to Operate a Mobile Home Park
Pursuant to Ordinance No. 98-69**

Office Use Only

License No. _____ Date Issued: _____

Application Fee \$ _____ Cash Check Check Number: _____

Date Received: _____ Received by: _____

4 Copies of Application Approved Park Plan (See #15) Inventory of Developed Spaces (see #16)

Yearly Space Certification

L & I Inspection Approval Date: _____ City Council Approval Date: _____

- New License
 Renewal
 New Expansion
 Transfer from Person to Person

1. Name of Mobile Home Park: _____
2. Location of Mobile Home Park _____
Block Number (s) _____ Lot Number (s) _____
3. Mobile Home Park Office Phone Number: _____
4. Application of Licensee: _____
5. Address of Licensee: _____
6. Phone Number of Licensee: _____
- E-mail: _____

7. Is applicant: Individual Partnership Corporation LLC

8. If Individual Ownership, Provide the Following Information:
- Name: _____
 - Address: _____
_____ Phone Number: _____

9. If Partnership, Provide the Following Information (Add Additional Sheets, if Necessary):

Partner Name	Address	Telephone Number

10. If a Corporation, Provide the Following Information (Add Additional Sheets, if Necessary):
- Corporate Name: _____
 - Address of Principal Office: _____

 - Date Incorporated: _____ Under Laws of What State? _____



10. (continued) If a Corporation, Provide the Following Information (Add Additional Sheets, if Necessary)

- Name and Address of Registered Agent: _____

- Names, Residences, Phone Numbers of all Officers of Corporation and Office Held by Each:

Name	Residence	Office Held	Phone Number

11. Name and Residence of Each Owner Having 10% or More of the Issued, Outstanding Capital Stock of the Corporation: Note: Add additional sheets, if necessary

Name	Residence	Percentage of Stock Held

12. Provide the Following Park Management Information:

	Name	Address	Telephone No.
Park Manager			
Maintenance Supervisor (Water System)			
Maintenance Supervisor (Sewerage System)			
Maintenance Supervisor (Park Drives)			

13. Total Number of Mobile Home Spaces Approved by City Council for this Site: _____



14. Total Number Approved, Constructed Mobile Home Spaces Occupied by a Mobile or Manufactured Home or Ready to Receive a Manufactured Home: _____

Fees Please complete the following calculations

If #14 is 24 mobile homes or less, fee shall be \$200.

If #14 is 25 or more the fee is calculated as follows:

- (a) Number of Spaces indicated in #14 = ...
(b) Subtract 24 Spaces - 24 spaces
(c) Result of (a) minus (b) = =
(d) (c) multiplied by \$15.00) x \$15.00
(e) Result of (c) x \$15.00..... =
(f) Plus \$200.00 + \$ 200.00

TOTAL FEE (e. + f.) = \$ _____

15. Applicant shall submit a copy of the Approved Mobile Home Park Plan which shall Clearly indicate all the Constructed Spaces and all the Un-constructed Spaces.

16. Applicant Must Provide an Inventory of all Developed Spaces Which Shall Include

- The Identification of the Space
The Type of Space (i.e., vacant space, renter-occupied units or owner-occupied units)
The names of all Tenants (Owner/Renter-Occupied).
Any Citations that May Have Been Received During the Licensing Year being Completed

FOR EXPANSIONS ONLY

17. Identify the Approved Spaces (Numbers and Streets Names) for Requested Expansion:

Four horizontal lines for writing the names of approved spaces.

18. Has the Planning Board Approved this Expansion? [] Yes Resolution No.: _____
[] No

19. Please Attach the Approved Site Plan for the Park (or portion of Park).

Signature of Applicant



CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
LICENSEANDINSPECTION@VINELANDCITY.ORG

Expansion of License No. _____

Expansion authorized per application approved by appropriate City Departments. Approval is granted to expand the above mobile home park license to include _____ additional spaces. The following space numbers are constructed to date: _____

Fee Paid \$ _____

Date: _____

Matteo Rabbai, Director of Licenses & Inspections

- xc: City Engineer
Health Director
Tax Assessor
Supervising Planner

STATE OF NEW JERSEY }
} ss.
COUNTY OF CUMBERLAND }

_____, being of full age and duly sworn according to law upon his/her oath, deposes and says:

(1) I am the owner/operator of the _____
Mobile Home Park located at _____

- If Corporation, Name of Officer and Title: _____

(2) I have read the answers to the foregoing questionnaire and the same are true to the best of my knowledge and belief.

Sworn and subscribed to before me on

Signature

this _____ day of _____, _____

Notary Public