

# NEWARK CITY PROPERTY MAINTENANCE ROOMING HOUSE REGISTRATION FORM AND LICENSE APPLICATION

Newark Property Maintenance Department  
40 W. Main St. Ste 407  
(740)670-7585 Fax (740)349-6697 www.newarkohio.net  
Hours: 8:00am-4:30pm

**EFFECTIVE 1/16/07, ROOMING HOUSES ARE REQUIRED TO OBTAIN A ROOMING HOUSE LICENSE ANNUALLY. LICENSES EXPIRE 12 MONTHS FROM THE ISSUE DATE. SEE PROPERTY MAINTENANCE CODE ORD 07-03 FOR LICENSING REQUIREMENTS.**

OFFICE USE ONLY	
DATE REC'D	INITIALS
PMT \$	
W/FORM	\$250.00
<b>MONEY ORDER OR CASHIER CHECK ONLY</b>	

License Application is for: Yearly Renewal  New License  Re-Application

Ownership Type: Sole Proprietor  Partnership   
 Corporation  Trust  Other

**COMPLETE APPLICABLE SECTIONS**

## SECTION 1: SOLE PROPRIETOR OWNERSHIP INFORMATION

Owner's Last Name:	First:	Middle Initial:	Owner Social Security #:	Purchase Date:
			- -	/ /

### Owner Physical Address:

Street:	City:	State:	Zip:	Daytime Phone:
				( ) -

### Mailing Address if different from above:

Street/PO Box:	City:	State:	Zip:

## SECTION 2: PARTNERSHIP, CORPORATION, TRUST OWNERSHIP INFORMATION

Business Name:	Federal ID #:	Purchase Date:
	-	/ /

Partner/Officer/Trustee:	Title:	Daytime Phone:
		( ) -

### Business Physical Address:

Street:	City:	State:	Zip:

### Mailing Address if different from above:

Street/PO Box:	City:	State:	Zip:

## SECTION 3: PROPERTY MANAGEMENT INFORMATION

Property Manager Name:	Daytime Phone:
	( ) -

### Property Manager Physical Address:

Street:	City:	State:	Zip:

### Mailing Address if different from above:

Street/PO Box:	City:	State:	Zip:

## LICENSE APPLICATION

**Business operations are contingent upon dwelling safety conformance per Property Maintenance Code 07-03 adopted 1/16/07.**

Previous License Issue Date: / /	Bedfast, handicapped occupants? <input type="checkbox"/> yes * <input type="checkbox"/> no
# of rooms for sleeping purposes:	*A list of names, bed location, physical description, and general description of ailment must be attached
Maximum # of occupants:	Residence is in compliance with Building, Plumbing and Zoning Codes: <input type="checkbox"/> yes <input type="checkbox"/> no
# of operable full-bath facilities:	

**Rooming House Licenses are non-transferrable. Application Fees are non-refundable. In the event of license denial, re-application and subsequent Application Fees apply. Ord 07-03 Ord 705.6.**

BY SIGNING, I CERTIFY THE ANSWERS PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE TO AN INSPECTION AND UNDERSTAND THAT NON-CONFORMITY TO THE RULES AND REGULATIONS AS SET FORTH IN ORDINANCE 07-03 MAY RESULT IN LICENSE DENIAL, LICENSE SUSPENSION OR LICENSE REVOCATION AND CRIMINAL CHARGES.

\_\_\_\_\_  
Owner/Business Entity's responsible party (Section 2)      Date

\_\_\_\_\_  
Newark City Code Official      Date Inspected

\_\_\_\_\_  
Newark City Fire Inspector      Date Inspected