

**TOWNSHIP OF HOWELL**  
**MOBILE HOME PARK LICENSE APPLICATION**

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

Fee Received: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

TRADE NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

(If owner of the real property is different than the applicant then set forth name and address of owner of property)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF MOBILE HOME PARK- ADDRESS \_\_\_\_\_  
BLOCK & LOT(S) \_\_\_\_\_

As of the date of this application, state whether all municipal taxes and assessments are current:

YES \_\_\_\_\_ NO \_\_\_\_\_

As of the date of this application, state whether all Mobile Home Park space (pad) fees are current:

YES \_\_\_\_\_ NO \_\_\_\_\_

As of the date of this application, state whether any outstanding citations for violations of State and Municipal Codes exist:

YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer is yes to the above question, please specify in detail on separate sheet of paper.

State number of Mobile Home Park spaces (pads) now in your Park \_\_\_\_\_

State number of spaces (pads) being occupied in your Mobile Home Park at this time. \_\_\_\_\_

**Set forth name, address and phone number of the authorized individual to be contacted concerning this application:**

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**Set forth the name, address and 24 hour phone number of the individual to be contacted in the event of any Mobile Home Park emergency:**

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**NOTE: Any change in the above shall be reported to the Howell Township Clerk's Office within 72 hours of said change.**

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**CERTIFICATION:**

**The undersigned hereby certifies that the information set forth in this application is correct and as the authorized representative of the applicant, acknowledges that if any information is incorrect, the application may be denied or the license issued revoked.**

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**Print Name**

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**Authorized Signature of Applicant**

**Sworn and subscribed to before me,  
a Notary Public of New Jersey,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,**

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**Notary Public**

**Township Inspection Reports:**

**Code Enforcement Official \_\_\_\_\_**

**Monmouth County Health Dept. \_\_\_\_\_**

**Tax Collector: \_\_\_\_\_**

**DATE APPROVED OR DENIED BY TOWNSHIP COUNCIL: \_\_\_\_\_**

**License valid from January 1 through December 31 annually.**

**Mobile Home Park fees are due July 1<sup>st</sup> for the following year.**

**Application to be filed in triplicate.**

**Subject to approval by the Township Council at the November Meeting.**