

MOBILE HOME PARK LICENSE QUARTERLY REPORT

(Pursuant to Ordinance No. 98-69)

Department of Licenses & Inspections (856) 794-4113

Name of Mobile Home Park: _____

Mobile Home Park Address: _____

Block Number: _____ Lot Number: _____

Mailing Address: _____

Please advise this department of any changes that must be made to the information provided on this form

Applicant: _____

Mailing Address: _____

Contact Phone Number: _____

Certification of APPROVED, CONSTRUCTED SPACES OCCUPIED BY A MOBILE HOME OR MANUFACTURED HOME

YEAR:

QUARTER:

Month:	Number of Spaces Occupied by a Mobile or Manufactured Home	Totals
		x \$16.00 = \$
		x \$16.00 = \$
		x \$16.00 = \$
	Total # of Spaces:	Total Due \$

Fee Schedule

\$16.00 per month for each approved, constructed space ***which is occupied by a mobile or manufactured home.***

STATE OF NEW JERSEY}
COUNTY OF CUMBERLAND}

_____ being duly sworn according to law, upon his/her oath deposes
and says that he/she is the within licensee; that the answers to the foregoing report contained therein are true to
the best of his/her knowledge and belief.

Sworn to and subscribed before me

This _____ of _____ 20 _____

Notary Public of New Jersey

Licensee

Reports are due and fee is to be paid to the Department of Licenses & Inspections quarterly – no later than the 10th day of January, April, July, and October of each year.