



BOROUGH OF LAWN SIDE
4 Dr. Martin Luther King Jr. Road
Lawnside, New Jersey 08045
Phone 856-573-6200 Fax 856-547-1915
www.lawnside.net

FOR OFFICE USE ONLY

DATE RECEIVED:

EDMUNDS ACCOUNT ID:

BUSINESS LICENSE LEASER
LANDLORD REGISTRATION OF RENTAL UNITS
\$100 LANDLORD FEE PLUS \$45.00 FEE PER RENTAL UNIT
FEES DUE ANNUALLY by JANUARY 30TH

Pursuant to the New Jersey Landlord Act N.J.S.A. 46:8-28 et.seq. This form must be completed and filed with the Municipal Clerk for each rental housing property. Any change to the information listed must be forwarded to the Municipal Clerk within 30 days.

1. PREMISES (ADDRESS OF RENTAL PROPERTY): _____

2. OWNER(S) INFORMATION OF THE RENTAL PROPERTY:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CHECK ONE: ☐ CORPORATION ☐ INDIVIDUAL OWNER (S) ☐ PARTNERSHIP ☐ INCORPORATED BUSINESS

3. IF THE ADDRESS OF THE OWNER IS NOT LOCATED IN CAMDEN COUNTY, PROVIDE THE NAME(S) AND ADDRESS(S) OF AN AUTHORIZED PERSON(S) (AGENT/REPRESENTATIVE) TO REPRESENT THE OWNER IN THE EVENT OF AN EMERGENCY.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **EMAIL ADDRESS:** _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **EMAIL ADDRESS:** _____

4. RECORDED MORTGAGE HOLDER:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ **EMAIL ADDRESS:** _____

5. TENANT INFORMATION:

UNIT: _____

NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____

UNIT: _____

NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____

UNIT: _____

NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____

UNIT: _____

NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____