



James Turcio
Issuing Authority

City of New Haven Permit & License Center

200 Orange Street, Room 501
New Haven, Connecticut 06510



Justin Elicker
Mayor

License Type: **ROOMING HOUSE** Applying as: Manager Owner Corporate Agent

License Is Hereby Granted To: _____
(Business Name/Rooming House Name)

Address: _____
(Location Address under which the **Rooming House** is to be operated)

Total Units: _____ Telephone No: _____

OWNER INFORMATION:

Owner Name: _____ Email: _____
(First/M. I./Last Name)

Owner Address: _____
(Street Address) (City) (State) (Zip Code)

Owner Telephone No: _____ Valid Photo ID No: _____ Issuing State: _____

MANAGER/CORPORATE AGENT INFORMATION:

Manager/Corporate Agent Name: _____ Email: _____
(First/M. I./Last Name)

Address: _____
(Street Address) (City) (State) (Zip Code)

Manager/Corporate Agent Telephone No: _____ Valid Photo ID No: _____ State: _____

I/We, hereby agree to abide by all of the rules and regulations pertaining to **ROOMING HOUSE** as defined by the City of New Haven General Code of Ordinances and Connecticut General Statutes. Once issued a business license is non-transferable, no refund will be issued, and is subject to the provisions of the City of New Haven General Code of Ordinances and Connecticut General Statutes applicable to the activity for which the license is granted.

By signing this application the Applicant is authorizing the City of New Haven to complete a background check on individuals, partners or officers of the entity to which the business license is issued. The Applicant further certifies that a copy of the City of New Haven Ordinance Rules & Regulations governing this business license has been received.

Signature: _____ Date Signed: _____

FOR OFFICE USE ONLY: Rooming House No.: _____

Required Approvals:

Building:
Legal Occupancy: _____ Code Viol. Yes No Date: _____

Zoning: (New Applicants Only)

Approved for RH: Yes No Initials & Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH OWNER/MANAGER/AGENT

OPERATING THE ROOMING HOUSE.

(use additional pages if necessary)

Manager/Operator Name: _____ Email: _____
Manager/Operator Home Address: _____
Home Telephone No. () _____ Social Security #: _____ Date of Birth: _____
Address: _____
(Business Address under which the Rooming House is to be operated.)

Manager/Operator Name: _____ Email: _____
Manager/Operator Home Address: _____
Home Telephone No. () _____ Social Security #: _____ Date of Birth: _____
Address: _____
(Business Address under which the Rooming House is to be operated.)

Manager/Operator Name: _____ Email: _____
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(Business Address under which the Rooming House is to be operated.)

Manager/Operator Name: _____ Email: _____
Manager/Operator Home Address: _____
Home Telephone No. () _____ Social Security #: _____ Date of Birth: _____
Address: _____
(Business Address under which the Rooming House is to be operated.)

Permit & License Center

TELEPHONE NO. (203) 946-8388 ♦ FAX NO. (203) 946-8049

All rooming house licenses expire annually on the last day of February.



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CERTIFICATION ACKNOWLEDGMENT

I hereby certify that: I have read the **Ordinances** and/or **Rules/Regulations** which pertain to **Rooming House License** operations for the City of New Haven. I understand that I must comply with these **Ordinances** and/or **Rules/Regulations** at all times or be subject to enforcement actions by the City of New Haven.

I fully understand that if the **Rooming House** application is denied by the City of New Haven, I will be entitled to a full refund. However, I further understand that if I withdraw the application for any other reason, there will be a fifty dollar (\$50.00) administrative processing fee withheld from payment reimbursement. Once issued a permit or license is non-refundable and non-transferable.

NAME (Please print your name. This permit/license is hereby granted to)

YOUR SIGNATURE

BUSINESS NAME OF PERMIT/LICENSE

DATE



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REQUEST FOR CRIMINAL RECORD CHECK

(use additional pages if necessary)

Rooming House

- New Applicant
- Renewal Applicant

Name: _____
Last First Middle

Former Alias: _____

Current Address: _____
Street Name City/Town State Zip code

Date of Birth: _____ Social Security No: _____

Gender: Male Female

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to The City of New Haven or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The City of New Haven and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

The information contained in this application is correct to the best of my knowledge. I hereby authorize the City of New Haven - Police Department and its designated agents and representatives to conduct a comprehensive review of my background consumer report and/or an investigative consumer report to be generated for licensure.

Signature Required: _____ Date: _____

FOR OFFICE USE ONLY: (LOCATION ADDRESS)