



City of New Haven BUILDING DEPARTMENT

PERMIT & LICENSE CENTER

200 Orange Street, 5th Floor* New Haven, Connecticut 06510



Andrew J. Rizzo, Jr.
Building Official
Issuing Authority

BUSINESS LICENSE APPLICATION

To Be Filled Out Completely By Interested Person: ONCE ISSUED, A LICENSE IS NOT TRANSFERABLE, NO REFUND WILL BE ISSUED.
Date Application Submitted: _____ APPLYING AS: INDIVIDUAL MANAGER OWNER PARTNERSHIP
(Please PRINT) ALL INFORMATION MUST BE SUPPLIED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

License Is Hereby Granted To: _____
(Business/Individual Name under which the **Rooming House** is to be operated)

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

Total Units: _____ Rooming House Name: _____ Telephone No: () _____

Owner Name: _____
or (Last) (First) (Middle)

Owner(s) Name(s): _____

Owner(s) Address: _____
(street #) (street name) (town) (state) (zip code)

Owner(s) Telephone Number: () _____ Employer Identification No. of such entity: _____

List the name(s) of the Manager/Operator operating the Rooming House. **(Use back side of this application)**

To the Building Department - Permit & License Center,
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 Ordinances and the State of Connecticut Statutes.

Applicant Name: _____
(Last) (First) (Middle)

Applicant Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Age: _____

Once issued, a license is not transferable, no refund will be issued, and is subject to the provisions of the Ordinances of the City of
New Haven and the Statutes of the State of Connecticut applicable to the activity for which the license is requested.

By signing this application the applicant is authorizing the City to complete a background check on individuals, partners or officers of
the entity to which the license is issued; and certifies that a copy of the city ordinance governing this license has been received.

Signature _____

Date Signed: _____

REQUIRED APPROVALS/INSPECTIONS:

FOR OFFICE USE ONLY.

ZONING: _____

APPROVED (ZN) YES NO BY: _____ DATE APPROVED: _____

LEGAL OCCUPANCY: _____

APPROVED (BD) YES NO BY: _____ DATE APPROVED: _____

DATE SENT TO POLICE DEPARTMENT FAXED DATE: _____ (RE)FAXED DATE: _____
LOCATION APPROVED (PD) YES NO SIGNED BY: _____ DATE APPROVED: _____

DATE SENT TO HOUSING CODE ENFORCEMENT FAXED DATE: _____ (RE)FAXED DATE: _____
LOCATION APPROVED (HC) YES NO SIGNED BY: _____ DATE APPROVED: _____

DATE SENT TO FIRE MARSHAL FAXED DATE: _____ (RE)FAXED DATE: _____
LOCATION APPROVED (FM) YES NO SIGNED BY: _____ DATE APPROVED: _____

FOR OFFICE USE ONLY:

LICENSE TYPE: ROOMING HOUSE

To Conduct the Following: Hotel Units Motel Units Rooming Units

Renewal License No. _____

New License No. _____

Previous License No. _____

FEE: \$ _____

\$5.00 (REPLACEMENT)

DATE LICENSE ISSUED: _____ THIS LICENSE IS NOT TRANSFERABLE AND EXPIRES ON **FEBRUARY 28,** _____

RECEIVED _____ : CASH WAIVED CHECK _____ M/O # _____ RECEIPT # _____

APPROVAL OF ISSUING AUTHORITY _____ () Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH MANAGER/OPERATOR OPERATING THE ROOMING HOUSE.

(Use additional pages if necessary.)

CURRENT LICENSE NO. (IF ANY) _____ PREVIOUS LICENSE NO. (IF ANY) _____

LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR

OUTDOOR SEATING PARKING LOT/GARAGE ROOMING HOUSE SALES VENDOR

Name: _____

or (Last) _____ (First) _____ (Middle) _____

Name(s): _____ Employer ID# _____

Home Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Social Security # _____

Birth Date: _____ Age: _____

Valid Photo ID# _____ **NAME OF STATE:** _____

Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID

Other Issued ID _____

CURRENT LICENSE NO. (IF ANY) _____ PREVIOUS LICENSE NO. (IF ANY) _____

LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR

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Name: _____

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Name(s): _____ Employer ID# _____

Home Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female Social Security # _____

Birth Date: _____ Age: _____

Valid Photo ID# _____ **NAME OF STATE:** _____

Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID

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