



James Turcio
Building Official
Issuing Authority

City of New Haven
BUILDING DEPARTMENT

Permit & License Center

200 Orange Street, 5th Floor • New Haven, Connecticut 06510
www.cityofnewhaven.com



Toni N. Harp
Mayor

BUSINESS LICENSE APPLICATION

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: Type of Units: Hotel Units Motel Units Rooming Units

Required Approvals:

Building:
Legal Occupancy: _____ Code Viol. Yes No
Approved for RH: Yes No Initials & Date: _____

Zoning: (New Applicants Only)

Approved for RH: Yes No Initials & Date: _____

Required Inspections

Police Department: Approved Yes No
Approved by: _____ Date: _____

Fire Marshal: Approved Yes No
Approved by: _____ Date: _____

LCI Housing Code Enforcement: Approved Yes No
Approved by: _____ 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.)

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