



**Somerset County Department of Health**  
 27 Warren Street, Somerville, NJ 08876  
 P.O. Box 3000  
 Phone (908) 231-7155 | Fax (908) 704-8042



## Hotel / Motel License Application

**Please make all checks payable to Franklin Township and mail to Franklin Township Clerk's Office:  
 475 Demott Lane, Somerset, NJ 08873.**

Please see below for fee amounts.

**New Application**

**Renewal**

Number of Rooms: \_\_\_\_\_

Date \_\_\_\_\_

**Fee: \$200 + \$10 per room**

**GENERAL INFORMATION**

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

|   |
|---|
| <p><i>For Official Use Only</i></p> <p>License #: _____</p> <p>Check #: _____</p> |
|---|

**OWNER INFORMATION**

Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**MANAGER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Emergency Contact Information: Name and Phone Number**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**MAIL LICENSE TO: (choose preferred address)**

**Establishment**

**Owner**