

VILLAGE OF NEWARK
ANNUAL LICENSE RENEWAL APPLICATION

Applicant/Owner(s)/Corporation: _____

Mailing Address: _____

Telephone #: _____

Email Address: _____

Name of Mobile Home Park: _____

Contact Person: _____

Address: _____

Email Address: _____

Telephone #: _____

Number of Mobile Home Sites Approved by the State of New York
Department of Health: _____

Land Owner's Name: _____

Tax Account Number: _____

Please check and include current park rules and regulations and/or a list
of current management and tenant responsibilities.

Mobile Home Park Owner's Signature