Karen Gallagher

From: Chris Wood
Sent: Wednesday, October 19, 2022 2:41 PM
To: Karen Gallagher
Subject: FW: ** EXTERNAL **OPRA request - Names, address, phone numbers, email addresses , and mercantile liscences of all condo owners of the Diplomat Beach club

-----Original Message-----
From: Diplomat Condo Owner <opra+request-36115-0e7eb93d@requests.opramachine.com>
Sent: Wednesday, October 19, 2022 2:12 PM
To: Chris Wood <cwood@wildwoodnj.org>
Subject: ** EXTERNAL **OPRA request - Names, address, phone numbers, email addresses , and mercantile liscences of all condo owners of the Diplomat Beach club

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Wildwood City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested: Names, address, phone numbers, email addresses , and mercantile liscences of all condo owners of the Diplomat Beach club 225 East Wildwood Ave 08260. I believe the Fire Dept also has a list of the Names, address, phone numbers, email addresses.

Yours faithfully,

Diplomat Condo Owner

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-36115-0e7eb93d@requests.opramachine.com

Is cwood@wildwoodnj.org the wrong address for OPRA requests to Wildwood City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=wildwood_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/names_address_phone_numbers_emai_2

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	ARTEMIEV, LARISSA 33 LAKEVIEW TERRACE STATON ISLAND, NJ 10305	Business Name: Business Location: Account Number: Fee Paid: Date:	 225 E. WILDWOOD AVE, UNIT 102 08510 24.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 438

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 24.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	ARTEMIEV, LARISSA 33 LAKEVIEW TERRACE STATON ISLAND, NJ 10305	Business Name: Business Location: Account Number: Fee Paid: Date:	 225 E. WILDWOOD AVE, UNIT 102 08510 24.00 10/25/22

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STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 438

FEE PAID
$ 24.00

Date of Receipt by Clerk's Office:

Bill Mailed: 3/26/21 ACCT# 08510

DO NOT WRITE ABOVE THIS LINE.

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application
License Term: 2021

Property Street Address:	225 E. WILDWOOD AVE Wildwood NJ
Property Trade Name, if applicable:	UNIT 102(B)
Name of Property Owner of Record:	LARISSA ARTEMIEVA
Property Owner's mailing address	33 LAKEVIEW TERRACE.
Property Owner's phone number:	917.939 5938.
Property Owner's email:	ARTLOVER@YAHOO.COM.
Name of Property Manager or Agent:	STEVEN RUSSO.
Manager/Agent's address:	SAME AS OWNER.
Manager/Agent's phone number:	
Manager/Agent's email:	
Emergency Contact person & phone number:	917 939 5938.
Number of dwelling units on the property:	
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	2 (per previous owner) current owner did not indicate on applica

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: UPC INSURANCE CO. Policy# [redacted]

Location of Shut off Valves: IN BEDROOM EASY ACCESS.

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) (November) December

Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? NO

If yes, attach lease(s). If lease(s) are not attached, the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees, and municipal assessments and fire inspection fees paid and up to date? YES

The undersign certifies that the information supplied herein is true and correct. Applicant certifies he/she will comply with all provisions pertinent to NJ Statues, Regulations, and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises to be licensed by authorizing the inspections of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the premises comply with applicable property maintenance codes of the City of Wildwood.

LAZZISSA ARTEMIOUS
Print Name

L. Artemious
Signature

MAR 21 - 21.
Date

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	PARRACHO, VICTOR 2441 GREENWHICH DRIVE, #115 OAKVILLE ON, CANADA LGM-053	Business Name: Business Location: Account Number: Fee Paid: Date:	THE DIPLOMAT CONDOMINIUMS 225 E. WILDWOOD AVE, UNIT 103 08229 12.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 770

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 12.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	PARRACHO, VICTOR 2441 GREENWHICH DRIVE, #115 OAKVILLE ON, CANADA LGM-053	Business Name: Business Location: Account Number: Fee Paid: Date:	THE DIPLOMAT CONDOMINIUMS 225 E. WILDWOOD AVE, UNIT 103 08229 12.00 10/25/22

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STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 770

FEE PAID
$ 12.00

Date of Receipt by Clerk's Office:

Bill Mailed: 3/21/19 ACCT# 08229

DO NOT WRITE ABOVE THIS LINE.

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application
License Term: 2019-2020

Property Street Address: 225 E. WILDWOOD AVE, UNIT 103
Property Trade Name, if applicable: THE DIPLOMAT CONDOMINIUMS
Name of Property Owner of Record: VICTOR PARRACHO
Property Owner's mailing address 2441 GREENWICH DRIVE, UNIT 115, OAKVILLE ON, CANADA LGM-053
Property Owner's phone number: 609-224-1500 / [redacted]
Property Owner's email: VICTION00@HOTMAIL.COM
Name of Property Manager or Agent: ISLAND REALTY
Manager/Agent's address: 1701 NEW JERSEY AVE, NORTH WILDWOOD, NJ 08260
Manager/Agent's phone number: 609-522-4999
Manager/Agent's email: RENTALS@IRGROUPNJ.COM
Emergency Contact person & phone number: SHIRLY KAULF 609-729-5200
Number of dwelling units on the property: 88
Number of dwelling units to be leased or made available to others: 1
Number of sleeping rooms, in all dwelling units to made available to others: 1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: LEXINGTON INSURANCE Policy# [redacted]

Location of Shut off Valves:

Electric: HALLWAY ON LEFT Nat. Gas: N/A

Water: HALLWAY ON LEFT Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? NO

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	SCHLEGEL, LEONARD D. 300 W. GREENWAY ST. FLEETWOOD, PA 19522	Business Name:	DIPLOMAT CONDO 105
		Business Location:	225 E. WILDWOOD AVE.
		Account Number:	02886
		Fee Paid:	12.00
		Date:	10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 45

FEE PAID

$ 12.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY

2022
License

To:	SCHLEGEL, LEONARD D. 300 W. GREENWAY ST. FLEETWOOD, PA 19522	Business Name:	DIPLOMAT CONDO 105
		Business Location:	225 E. WILDWOOD AVE.
		Account Number:	02886
		Fee Paid:	12.00
		Date:	10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 45

FEE PAID

$ 12.00

Date of Receipt by Clerk's Office:

Bill Mailed: 3/28/14 ACCT#028860

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address: 225 E. WILDWOOD AVE, WILDWOOD NJ. 8260 #105
Property Trade Name, if applicable: DIAMOND CABO CLUB
Name of Property Owner of Record: LEONARD THOMAS SCHLEBEL
Property Owner's mailing address: 300 W. GREENWAY ST FLEETWOOD, PA. 1952
Property Owner's phone number: 610 944 9520
Property Owner's email:
Name of Property Manager or Agent: SHIRLEY KAUFF
Manager/Agent's address: 355 E. WILDWOOD AVE, WILDWOOD NJ 8260
Manager/Agent's phone number: 609 729 5200
Manager/Agent's email:
Emergency Contact person & phone number: LEONARD SCHLEBEL 610 944 9520 OR DIAMOND CABO 609 729 5200
Number of dwelling units on the property: 20
Number of dwelling units to be leased or made available to others: 1
Number of sleeping rooms, in all dwelling units to made available to others: 2

B 120 SF 388 SQ FT

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: ESSEX INS Policy # [redacted]

Location of Shut Off Valves:

Electric: IN UNIT Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

[illegible] [illegible] 2-10-14

Print name Signature Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3/3/14

Official who completed inspection: _____ Occupancy limit: 8

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or Signature 3/19/14

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this

Or _____
Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **LEONARDIS, GINO**
641 PITT STREET
SOUTH PLAINFIELD, NJ 07080

Business Name:	**DIPLOMAT**
Business Location:	**225 E. WILDWOOD AVE, #108**
Account Number:	**08152**
Fee Paid:	**24.00**
Date:	**10/25/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 838

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 24.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **LEONARDIS, GINO**
641 PITT STREET
SOUTH PLAINFIELD, NJ 07080

Business Name:	**DIPLOMAT**
Business Location:	**225 E. WILDWOOD AVE, #108**
Account Number:	**08152**
Fee Paid:	**24.00**
Date:	**10/25/22**

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STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 838

FEE PAID
$ 24.00

Date of Receipt by Clerk's Office: RECEIVED

JUN 13 2018

CITY CLERK'S OFFICE

Bill Mailed: 6/22/18 ACCT#08152 DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave. #108
Property Trade Name, if applicable:	Diplomat
Name of Property Owner of Record:	Gino Leonardis
Property Owner's mailing address:	641 Pitt St. South Plainfield NJ 07080
Property Owner's phone number:	908-821-7732
Property Owner's email:-	gleonardis2002@yahoo.com
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave.
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	sakaulf@yahoo.com
Emergency Contact person & phone number:	Shirley Kaulf
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: QBE Policy # QHP7485066

Location of Shut Off Valves:

Electric: behind kitchen door Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January Febtuary March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? _____ If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Gino Leonardis — Print name

Signature — Date 6/11/18

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood #108 Date of City's inspection 6/13/18

Official who completed inspection: Davis Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	ROSS, GARY & CHOBANY, SUSAN 55 THREEWOOD DR. GLEN MILLS PA 19342	Business Name: Business Location: Account Number: Fee Paid: Date:	 225 E WILDWOOD AVE UNIT #115 07096 12.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 132

FEE PAID
$ 12.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	ROSS, GARY & CHOBANY, SUSAN 55 THREEWOOD DR. GLEN MILLS PA 19342	Business Name: Business Location: Account Number: Fee Paid: Date:	 225 E WILDWOOD AVE UNIT #115 07096 12.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 132

FEE PAID
$ 12.00

Rcvd Comp = ACCT# 07096

Date of Receipt by Clerk's Office:

RECEIVED
FEB 03 2014
CITY CLERK'S OFFICE

Incomp.

DO NOT WRITE ABOVE THIS LINE.

Bill Mailed: 3/11/14

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave. Units 115 Wildwood, N.J. 08260
Property Trade Name, if applicable:	Diplomat Beach Club
Name of Property Owner of Record:	Elaine Ross
Property Owner's mailing address:	22 Aston Ct., Aston, Pa 19014
Property Owner's phone number:	6104947398 home, [redacted]
Property Owner's email:	Elaine7677@MSN.Com
Name of Property Manager or Agent:	Shirley Kaulf - Diplomat Beach Club
Manager/Agent's address:	225 E. Wildwood Ave, Wildwood N.J.
Manager/Agent's phone number:	609-7295200
Manager/Agent's email:	—
Emergency Contact person & phone number:	Susan Cheleng 6103586396
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	— 1
Number of sleeping rooms, in all dwelling units to made available to others:	— 1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Mount Vernon Ins. Co. Policy # [redacted]

Location of Shut Off Valves:

Electric: — Nat. Gas: —

Water: — Propane: —

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April (May) (June) (July) (August) (September) October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? no If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? —

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

ELAINE ROSS — Print name

Elaine Ross — Signature

1/30/14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection _____

Official who completed inspection: _____ Occupancy limit: 1

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

3/4/14
Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	SCHLEGEL, LEONARD 300 W. GREENWAY ST. FLEETWOOD, PA 19522	Business Name: Business Location: Account Number: Fee Paid: Date:	DIPLOMAT CONDO #202 225 E. WILDWOOD AVE. 03629 12.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 46

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 12.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	SCHLEGEL, LEONARD 300 W. GREENWAY ST. FLEETWOOD, PA 19522	Business Name: Business Location: Account Number: Fee Paid: Date:	DIPLOMAT CONDO #202 225 E. WILDWOOD AVE. 03629 12.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 46

FEE PAID
$ 12.00

Date of Receipt by Clerk's Office:

Bill Mailed: 3/28/14 ACCT# 03629

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address: 225 E Wildwood Ave, Wildwood NJ 8260 # 202
Property Trade Name, if applicable: Diplomat Condo Corp
Name of Property Owner of Record: Leonard + Nancy Schlegel
Property Owner's mailing address: 300 W. Greenway St Fleetwood PA 19522
Property Owner's phone number: 610 944 9527
Property Owner's email:
Name of Property Manager or Agent: Shirley Kauf
Manager/Agent's address: 225 E. Wildwood Ave, Wildwood NJ 8260
Manager/Agent's phone number: 609 729 5200
Manager/Agent's email:
Emergency Contact person & phone number: Leonard Schlegel 6109449527 or Diplomat Condo 609 729 5200
Number of dwelling units on the property: 80
Number of dwelling units to be leased or made available to others:
Number of sleeping rooms, in all dwelling units to made available to others:

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Cincinnati Insurance Policy # [redacted]

Location of Shut Off Valves:

Electric: In unit Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Print name _____ Signature _____ Date 2-8-14

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3/5/14

Official who completed inspection: _____ Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: _____ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	IDELSON, VICTOR & OKSANA 2276 FOREST GLEN DRIVE WARRINGTON, PA 18976	Business Name:	DIPLOMAT
		Business Location:	225 E. WILDWOOD AVE, UNIT 220
		Account Number:	07277
		Fee Paid:	12.00
		Date:	10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 263

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 12.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	IDELSON, VICTOR & OKSANA 2276 FOREST GLEN DRIVE WARRINGTON, PA 18976	Business Name:	DIPLOMAT
		Business Location:	225 E. WILDWOOD AVE, UNIT 220
		Account Number:	07277
		Fee Paid:	12.00
		Date:	10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 263

FEE PAID
$ 12.00

Date of Receipt by Clerk's Office: RECEIVED

Bill Mailed: 4/28/14 ACCT#0727 Done 4/25/14 APR 11 2014

DO NOT WRITE ABOVE THIS LINE. CITY CLERK'S OFFICE

NEW OWNER? YES

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 East Wildwood Ave #220 Wildwood, NJ 08260
Property Trade Name, if applicable:	Diplomat Condo Association
Name of Property Owner of Record:	VICTOR + OKSANA IDELSON
Property Owner's mailing address:	2276 Forest Glen Drive, WALLINGTON, PA 18976
Property Owner's phone number:	215-491-9346
Property Owner's email:	idel1234@verizon.net and idel1234@outlook.com
Name of Property Manager or Agent:	SHIRLEY KAULF
Manager/Agent's address:	225 East Wildwood Ave, Wildwood, NJ. 08260
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	Sakaulf@yahoo.com
Emergency Contact person & phone number:	Shirley Kaulf . 609-729-5200
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	Approx. 55
Number of sleeping rooms, in all dwelling units to made available to others:	—

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Anchor Insurance Agency Policy # [redacted]

Location of Shut Off Valves:

Electric: Kitchen Nat. Gas: N/A

Water: Kitchen Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

OKSANA IDELSON — 4/7/2014

VICTOR IDELSON — 4/7/2014

Print name | Signature | Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 4/8/14

Official who completed inspection: _____ Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

RECEIVED
APR 21 2016
CITY CLERK'S OFFICE

Bill Mailed: 5/1/16

ACCT # 07718

DO NOT WRITE ABOVE THIS LINE.

Not Paid
owes 2021 & 2022 License fees

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E Wildwood 222
Property Trade Name, if applicable:	Diplomat
Name of Property Owner of Record:	Miguel & Ana Cazorla
Property Owner's mailing address:	89 East 18th st Paterson NJ 07524
Property Owner's phone number:	(973) 880-8849 or [redacted]
Property Owner's email:	FCazorla@icloud.com
Name of Property Manager or Agent:	Shirley
Manager/Agent's address:	
Manager/Agent's phone number:	
Manager/Agent's email:	
Emergency Contact person & phone number:	Francisca Cazorla 862-200-8956
Number of dwelling units on the property:	N/A
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: _____ Policy # _____

Location of Shut Off Valves:

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April (May June July August September October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

ANA CAZORLA Ana Cazorla 4-29-16
Print name Signature Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood 202 Date of City's inspection 5/2/16

Official who completed inspection: Davis Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____. I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Initial 4/15/16 Reinspection 5-20-16

Or

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	DIGIOVANN, DAVID & BROWN, THERESA 417A GASKILL ST PHILADELPHIA, PA 19147	Business Name: Business Location: Account Number: Fee Paid: Date:	UNIT 223 225 E. WILDWOOD AVENUE 07532 12.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 20

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 12.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	DIGIOVANN, DAVID & BROWN, THERESA 417A GASKILL ST PHILADELPHIA, PA 19147	Business Name: Business Location: Account Number: Fee Paid: Date:	UNIT 223 225 E. WILDWOOD AVENUE 07532 12.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 20

FEE PAID
$ 12.00

RECEIVED
MAY 13 2015
CITY CLERK'S OFFICE

Date of Receipt by Clerk's Office:

Bill mailed 6/3/15 Account # 07532 New

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave Unit 223
Property Trade Name, if applicable:	
Name of Property Owner of Record:	David DiGiovanni / Theresa Brown
Property Owner's mailing address:	417A Gaskill St Philadelphia PA 19147
Property Owner's phone number	215 380 0169
Property Owner's email:	DAVID.DIGIOVANNI@gmail.com
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	The Diplomat 225 E Wildwood Ave Wildwood, NJ 08260
Manager/Agent's phone number:	609 741 1442
Manager/Agent's email:	SAKAULF@yahoo.com
Emergency Contact person & phone number:	David DiGiovanni 215 380 0169 Theresa Brown 215 808 2653
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	1

225 E. Wildwood Ave # 223

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Lloyds of London Policy #: [redacted]

Location of Shut Off Valves:

Electric: Breaker box Nat. Gas: N/A

Water: not in unit Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No. If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

David DiGiovanni — Print name

Signature

5/13/15 — Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood 223 Date of City's inspection 5/14/15

Official who completed inspection: Davis Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license. 6-1-15

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Refered, Governing Body Action

____ License Granted ____ Conditional License Granted ____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	PARTYKA, ALBERT & THERESA 221 GLENWOOD ROAD PINE ISLAND, NY 10969	Business Name:	DIPLOMAT
		Business Location:	225 E. WILDWOOD AVE, #305
		Account Number:	07465
		Fee Paid:	12.00
		Date:	10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 221

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 12.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	PARTYKA, ALBERT & THERESA 221 GLENWOOD ROAD PINE ISLAND, NY 10969	Business Name:	DIPLOMAT
		Business Location:	225 E. WILDWOOD AVE, #305
		Account Number:	07465
		Fee Paid:	12.00
		Date:	10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 221

FEE PAID
$ 12.00

Date of Receipt by Clerk's Office: RECEIVED

MAR 30 2015

CITY CLERK'S OFFICE

Bill Mailed: 4/15/15 ACCT# 074465

DO NOT WRITE ABOVE THIS LINE.

NEW

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E WILDWOOD Av. #305 WILDWOOD NJ
Property Trade Name, if applicable:	Diplomat Beach Club UNIT 305
Name of Property Owner of Record:	Albert & Theresa PARTYKA
Property Owner's mailing address:	221 GLENWood Rd, Pine Island, NY 10969
Property Owner's phone number:	845 258 3714
Property Owner's email:	ALNTERRY@WARWICK.NET
Name of Property Manager or Agent:	SHIRLEY KAULF
Manager/Agent's address:	Diplomat Motel 225 E Wildwood Av. Wildwood NJ
Manager/Agent's phone number:	
Manager/Agent's email:	SAKAULF@yahoo.com
Emergency Contact person & phone number:	Shirley Kaulf. 609.741.1492
Number of dwelling units on the property:	58
Number of dwelling units to be leased or made available to others:	7 Variable
Number of sleeping rooms, in all dwelling units to made available to others:	7

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: E. Kinsurance Agency Policy # [redacted]

Location of Shut Off Valves:

Electric: behind Kitchen door Nat. Gas: N/A

Water: in Kitchen Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Print name	Signature	Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood # 305 Date of City's inspection 4-2-15

Official who completed inspection: DAVIS Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature 4/8/2015

Or

Referral: _____. I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature 4-14-15

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	BOSSIO, ARTURO 1261 KENNEDY ROAD, 5 TORONTO, ONTARIO, CANADA M1P2L4	Business Name: Business Location: Account Number: Fee Paid: Date:	DIPLOMAT CONDO #307 225 E. WILDWOOD AVENUE 02947 52.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
99500	PRIOR ROOM	28.00	0.00	0.00	28.00
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 178

FEE PAID
$ 52.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	BOSSIO, ARTURO 1261 KENNEDY ROAD, 5 TORONTO, ONTARIO, CANADA M1P2L4	Business Name: Business Location: Account Number: Fee Paid: Date:	DIPLOMAT CONDO #307 225 E. WILDWOOD AVENUE 02947 52.00 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
99500	PRIOR ROOM	28.00	0.00	0.00	28.00
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 178

FEE PAID
$ 52.00

Date of Receipt by Clerk's Office:

RECEIVED
MAY 01 2014
CITY CLERK'S OFFICE

Bill Mailed: 5/23/14 ACCT# 02947 Incomp.

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave. Apt 307
Property Trade Name, if applicable:	Diplomat Condo 307
Name of Property Owner of Record:	Arturo Bossio
Property Owner's mailing address:	9 Forson Ct., Markham, ONT. Canada L6C 1A9
Property Owner's phone number:	416-834-5845
Property Owner's email:	art.bossio@hotmail.com
Name of Property Manager or Agent:	
Manager/Agent's address:	
Manager/Agent's phone number:	
Manager/Agent's email:	
Emergency Contact person & phone number:	Lina Zhao 416-731-2339
Number of dwelling units on the property:	
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	2

Type B

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Cumberland Mutual Fire Policy # [redacted]

Location of Shut Off Valves: New Jersey Insurance Underwriting DUF 031107

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Arturo Basso — Print name

X [signature] — Signature

April 10, 2014 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 5.6.14

Official who completed inspection: _____ Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or [signature]

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or [signature]

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or [signature]

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

Not Paid owes 2020, 2021 & 2022

Bill Mailed: 5/29/19

ACCT#08280

DO NOT WRITE ABOVE THIS LINE.

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application
License Term: 2019-2020

Property Street Address: 225 E. WILDWOOD AVE, UNIT 308
Property Trade Name, if applicable: DIPLOMAT BEACH CLUB
Name of Property Owner of Record: DEBRA HASKELL
Property Owner's mailing address 3 RONALD DRIVE, APT. 132, COLONIA, NJ 07067
Property Owner's phone number: 732-397-0042
Property Owner's email: DHASKELL@GOLDBERG-REALTY.COM
Name of Property Manager or Agent: DIPLOMAT BEACH CLUB - SHIRLEY HAULF
Manager/Agent's address: 225 E. WILDWOOD AVE, WILDWOOD, NJ 08260
Manager/Agent's phone number: 609-729-5200
Manager/Agent's email:
Emergency Contact person & phone number: DEBBIE HASKELL, 732-397-0042
Number of dwelling units on the property: 80
Number of dwelling units to be leased or made available to others: 1
Number of sleeping rooms, in all dwelling units to made available to others: 1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: COASTLINE Policy# [redacted]

Location of Shut off Valves:

Electric: IN KITCHEN Nat. Gas: N/A

Water: _____ Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? NO

If yes, attach lease(s). If lease(s) are not attached, the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees, and municipal assessments and fire inspection fees paid and up to date? YES

The undersign certifies that the information supplied herein is true and correct. Applicant certifies he/she will comply with all provisions pertinent to NJ Statues, Regulations, and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises to be licensed by authorizing the inspections of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the premises comply with applicable property maintenance codes of the City of Wildwood.

DEBRA HASKELL		2/27/19
Print Name	Signature	Date

ACCT# 02916

Date of Receipt by Clerk's Office: RECEIVED

Bill Mailed: 9/18/14

DO NOT WRITE ABOVE THIS LINE.

not paid owes 2021 + 2022

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood AVE, #318
Property Trade Name, if applicable:	The Diplomat Beach Club
Name of Property Owner of Record:	Vincent + Frances Cuccia
Property Owner's mailing address:	24-Helene Ct Staten Island NY 10309
Property Owner's phone number:	718-948-7655
Property Owner's email:	Vinsgirl18@aol.com
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood AVE
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	
Emergency Contact person & phone number:	Vinny cel 917-992-6944
Number of dwelling units on the property:	318
Number of dwelling units to be leased or made available to others:	
Number of sleeping rooms, in all dwelling units to made available to others:	6

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Voyager Indemnity Insurance Company Policy # [redacted]

Location of Shut Off Valves:

Electric: ~~Outside~~ Kitchen + in Room Nat. Gas: _____

Water: ~~In Room~~ Kitchen Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) September (October) (November) December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Frances Cuccia — Print name

Frances Cuccia — Signature

8/1/14 — Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E WILDWOOD Date of City's inspection 9-2-14

Official who completed inspection: DAVIS Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

#0486 Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: HERNANDEZ, RODRIGO & IVETTE
948 GARDENBROOK CT SE
PALM BAY, FL 32909

Business Name: DIPLOMAT CONDO #319
Business Location: 225 E WILDWOOD AVE
Account Number: 02917
Fee Paid: 12.00
Date: 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 341

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 12.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: HERNANDEZ, RODRIGO & IVETTE
948 GARDENBROOK CT SE
PALM BAY, FL 32909

Business Name: DIPLOMAT CONDO #319
Business Location: 225 E WILDWOOD AVE
Account Number: 02917
Fee Paid: 12.00
Date: 10/25/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 341

FEE PAID
$ 12.00

ACCT# [redacted]
02917

Date of Receipt by Clerk's Office:

RECEIVED
AUG 12 2014
CITY CLERK'S OFFICE

Bill Mailed: 9/18/14

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. WILDWOOD AVE UNIT #319 WILDWOOD NJ 08260
Property Trade Name, if applicable:	DIPLOMAT SUITES HOTEL MOTEL
Name of Property Owner of Record:	RODRIGO AD IVETTE HERNANDEZ
Property Owner's mailing address:	948 GARDENBROOK CT. SE PALM BAY FL. 32909
Property Owner's phone number:	321-327922
Property Owner's email:	RHERNANDEZ1407@YAHOO.COM
Name of Property Manager or Agent:	SHIRLEY KAULF
Manager/Agent's address:	225 E. WILDWOOD AV. WILDWOOD NJ. 0826 0
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	SAKAULF@YAHOO.COM
Emergency Contact person & phone number:	SHIRLEY KAULF 609-729520 0
Number of dwelling units on the property:	88 UNITS
Number of dwelling units to be leased or made available to others:	55 UNITS (1)
Number of sleeping rooms, in all dwelling units to made available to others:	69 (1)

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: AMERICAN MODERN INS Policy # [redacted]

Location of Shut Off Valves:

Electric: KITCHEN WALL behind stove Nat. Gas: NONE

Water: KITCHEN WALL Behind Stove Propane: NONE

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) May June July August September (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NONE If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Rodrigo Hernandez Rodrigo Hernandez 08/06/14

Print name Signature Date

DO NOT WRITE BELOW THIS LINE.

Property address 2250 Wildwood Date of City's inspection 8-21-14

Official who completed inspection: Davis Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: X I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or #0486 Ronald Harwood
Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: X I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	COLACINO, MARGARET ANN 918 EDGEGROVE AVE STATEN ISLAND NY 10309	Business Name: Business Location: Account Number: Fee Paid: Date:	DIPLOMAT CONDO 321 225 E WILDWOOD AVE 06465 14.00 10/26/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	10.00	0.00	4.00	14.00

No. 1393

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 14.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	COLACINO, MARGARET ANN 918 EDGEGROVE AVE STATEN ISLAND NY 10309	Business Name: Business Location: Account Number: Fee Paid: Date:	DIPLOMAT CONDO 321 225 E WILDWOOD AVE 06465 14.00 10/26/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	10.00	0.00	4.00	14.00

No. 1393

FEE PAID
$ 14.00

Date of Receipt by Clerk's Office: RECEIVED

MAY 05 2014

CITY CLERK'S OFFICE

Bill Mailed: 5/22/14

ACCT# 06465

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Avenue (Unit 321)
Property Trade Name, if applicable:	Diplomat
Name of Property Owner of Record:	Margaret Ann Colacino
Property Owner's mailing address:	918 Edgegrove Avenue, S.I. NY 10309
Property Owner's phone number:	(718) 614-9148
Property Owner's email:	Macw13@AOL.com
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Avenue 08260
Manager/Agent's phone number:	Diplomat: (1)(609) 729-5200
Manager/Agent's email:	
Emergency Contact person & phone number:	Shirley Kaulf: (1)(609) 729-5200
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	Contact manager for info
Number of sleeping rooms, in all dwelling units to made available to others:	11

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Coastal Agents Alliance, LLC, State of New Jersey Policy # [redacted]

Location of Shut Off Valves: Main Building

Electric: 11 Nat. Gas: Ø

Water: Propane: Ø

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Margaret Ann Colacino (Print name) Margaret Ann Colacino (Signature) 04/29/14 (Date)

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 5/7/14

Official who completed inspection: _____ Occupancy limit: 3

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

_____ Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____ Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

_____ Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____ Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

_____ Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____ Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **LEVIN, RAYANNE**
5 HAMAL COURT
TURNERSVILLE, NJ 08012

Business Name:
Business Location: **225 E. WILDWOOD AVE, UNIT 322**
Account Number: **08897**
Fee Paid: **14.00**
Date: **10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	10.00	0.00	4.00	14.00

No. 1291

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 14.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **LEVIN, RAYANNE**
5 HAMAL COURT
TURNERSVILLE, NJ 08012

Business Name:
Business Location: **225 E. WILDWOOD AVE, UNIT 322**
Account Number: **08897**
Fee Paid: **14.00**
Date: **10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	10.00	0.00	4.00	14.00

No. 1291

FEE PAID
$ 14.00

RECEIVED

MAY 23 2022

City Clerk's Office

Bill Mailed: 5/24/22 ACCT# 08897

Wildwood

Application

Property Address:

Property Owner:

Name of Property Owner of Record:

Property Owner's mailing address:

Property Owner's phone number:

Property Owner's email:

Name of Property Manager, if any:

Manager's address:

Manager's phone number:

Manager's email:

Emergency contact person and phone number:

Number of dwelling units on the property:

Number of dwelling units to be leased or made available to others:

Number of the preceding units to be made available to others:

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Policy:

Location of Smoke Alarms:

Electric: Yes / No Gas: Yes / No

Water: Propane: Yes / No

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenants or tenants who have year round 12 month lease(s)?

[illegible] attach [illegible] the property will be considered a seasonally rented property.

We all property [illegible] municipal assessment and fire inspection fees paid and up to date.

The [illegible] Applicant certifies that all statements contained herein are true, and correct. Applicant certifies he/she will comply with all [illegible] NJ State, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the [illegible] Applicant hereby consents to the inspection of the premises to be [illegible] and to the inspection of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the property complies with applicable property maintenance codes of the City of Wildwood.

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **RANA, RONAK H.**
90 WEST EDWARD STREET
ISELIN, NJ 08830

Business Name:	**DIPLOMAT CONDO ASSOC.**
Business Location:	**225 E. WILDWOOD AVE, UNIT 404**
Account Number:	**08659**
Fee Paid:	**24.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 330

FEE PAID
$ 24.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **RANA, RONAK H.**
90 WEST EDWARD STREET
ISELIN, NJ 08830

Business Name:	**DIPLOMAT CONDO ASSOC.**
Business Location:	**225 E. WILDWOOD AVE, UNIT 404**
Account Number:	**08659**
Fee Paid:	**24.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 330

FEE PAID
$ 24.00

Date of Receipt by Clerk's Office:

Bill Mailed: 7/16/21 ACCT# 086659

DO NOT WRITE ABOVE THIS LINE.

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application
License Term: _____

Property Street Address:	225 East Wildwood Avenue, Unit 404, Wildwood, NJ 08260
Property Trade Name, if applicable:	Diplomat Condo Assoc
Name of Property Owner of Record:	Ronak H. Rana
Property Owner's mailing address	90 West Edward st Iselin, NJ 08830
Property Owner's phone number:	732-306-9386
Property Owner's email:	Ronak085@gmail.com
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E Wildwood Ave Wildwood NJ 08260
Manager/Agent's phone number:	6097291500
Manager/Agent's email:	Sahaulf@yahoo.com
Emergency Contact person & phone number:	Shirley Kaulf 609-7129-1500 or 609-741-1442 C.88
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	X 1
Number of sleeping rooms, in all dwelling units to made available to others:	4 2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: US Coastal Insurance Company Policy# [redacted]

Location of Shut off Valves:

Electric: In Unit Behind Kitchen Door Nat. Gas: NA

Water: _____ Propane: NA

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February (March) (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? NO

If yes, attach lease(s). If lease(s) are not attached, the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees, and municipal assessments and fire inspection fees paid and up to date? YES

The undersign certifies that the information supplied herein is true and correct. Applicant certifies he/she will comply with all provisions pertinent to NJ Statues, Regulations, and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises to be licensed by authorizing the inspections of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the premises comply with applicable property maintenance codes of the City of Wildwood.

Ronak Rana		6/23/2021
Print Name	Signature	Date

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **DEMIIRCAN, NESE & OZBAY, UFUK**
373 BLACK OAK RIDGE ROAD
WAYNE, NJ 07470

Business Name:	**DIPLOMAT BEACH CLUB**
Business Location:	**225 E. WILDWOOD AVE, UNIT 406**
Account Number:	**08911**
Fee Paid:	**14.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	10.00	0.00	4.00	14.00

No. 1336

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 14.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **DEMIIRCAN, NESE & OZBAY, UFUK**
373 BLACK OAK RIDGE ROAD
WAYNE, NJ 07470

Business Name:	**DIPLOMAT BEACH CLUB**
Business Location:	**225 E. WILDWOOD AVE, UNIT 406**
Account Number:	**08911**
Fee Paid:	**14.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	10.00	0.00	4.00	14.00

No. 1336

FEE PAID
$ 14.00

Date of Receipt by Clerk's Office: RECEIVED

MAY 26 2022

City Clerk's Office

Bill Mailed: 5/31/22 ACCT# 08911 DO NOT WRITE ABOVE THIS LINE.

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application
License Term: Seasonal 2022 Summer

Property Street Address: 225 E Wildwood Ave Unit 406, Wildwood NJ 08260
Property Trade Name, if applicable: Diplomat Beach Club
Name of Property Owner of Record: Nese Demircan & Ufuk Ozbay
Property Owner's mailing address 373 Black Oak Ridge Rd. Wayne, NJ 07470
Property Owner's phone number: 973.641.3899
Property Owner's email: nese.d.ozbay@icloud.com
Name of Property Manager or Agent: SELF (Nese Demircan)
Manager/Agent's address: 373 Black Oak Ridge Rd. Wayne, NJ 07470
Manager/Agent's phone number: 973.641.3899
Manager/Agent's email: nese.d.ozbay@icloud.com
Emergency Contact person & phone number: Nese Demircan - 973.641.3899 or Ufuk Ozbay - 973.689.4413
Number of dwelling units on the property: 88
Number of dwelling units to be leased or made available to others: 1
Number of sleeping rooms, in all dwelling units to made available to others: 1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Lloyds of London Policy# [redacted]

Location of Shut off Valves:

Electric: Electical panal in kitchen Nat. Gas: _____

Water: Shut off to water in complex closet Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

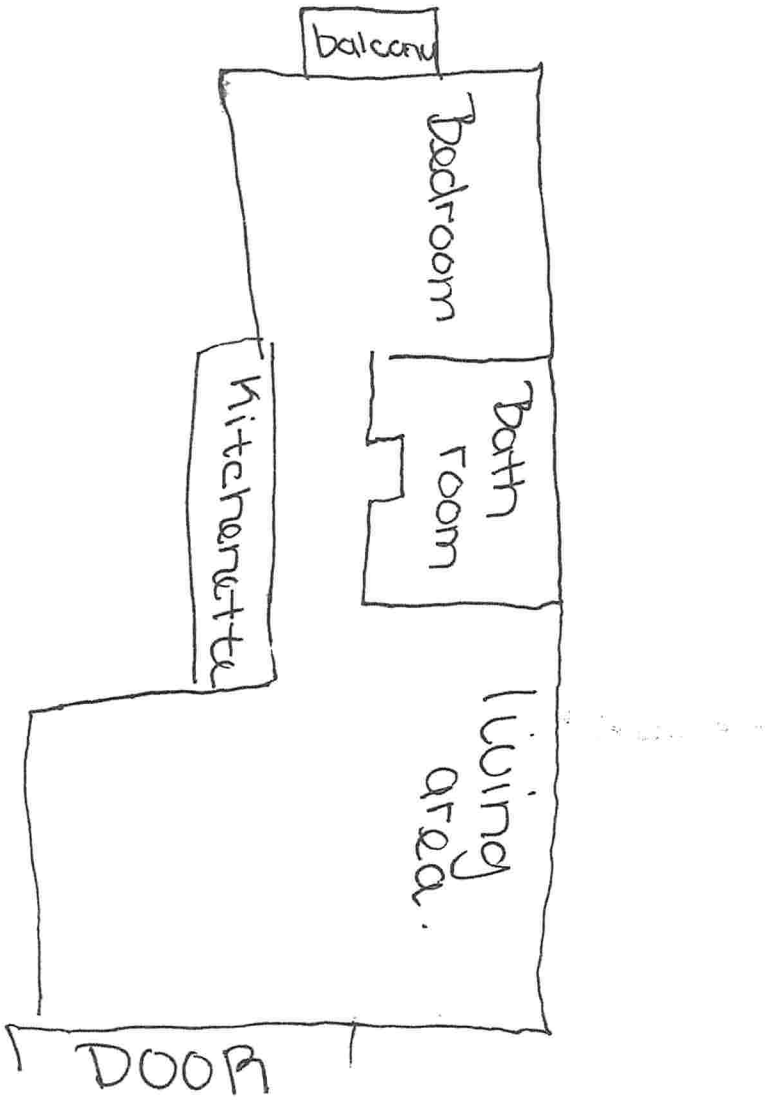
Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? No

If yes, attach lease(s). If lease(s) are not attached, the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees, and municipal assessments and fire inspection fees paid and up to date? Yes

The undersign certifies that the information supplied herein is true and correct. Applicant certifies he/she will comply with all provisions pertinent to NJ Statues, Regulations, and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises to be licensed by authorizing the inspections of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the premises comply with applicable property maintenance codes of the City of Wildwood.

Nese Demircan		May 23, 2022
Print Name	Signature	Date



City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022

License

To: YOUNKER, LORI
51 WESTVIEW MANOR
YORK, PA 17408

Business Name:	THE DIPLOMAT CONDOS
Business Location:	225 E. WILDWOOD AVE, UNIT 408
Account Number:	07983
Fee Paid:	24.00
Date:	10/26/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 607

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID

$ 24.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY

2022
License

To: YOUNKER, LORI
51 WESTVIEW MANOR
YORK, PA 17408

Business Name:	THE DIPLOMAT CONDOS
Business Location:	225 E. WILDWOOD AVE, UNIT 408
Account Number:	07983
Fee Paid:	24.00
Date:	10/26/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 607

FEE PAID

$ 24.00

Date of Receipt by Clerk's Office: RECEIVED

JUL 17 2017

CITY CLERK'S OFFICE

Bill Mailed: 8/1/17 ACCT# 07983

DO NOT WRITE ABOVE THIS LINE.

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E Wildwood Ave #408
Property Trade Name, if applicable:	The Diplomat Condos
Name of Property Owner of Record:	Lori Younker
Property Owner's mailing address:	550 Woodland View Dr. York, PA 17406
Property Owner's phone number:	717-309-6202
Property Owner's email:	lori.younker27@gmail.com
Name of Property Manager or Agent:	Shirley Kaulf, Gen Mgr
Manager/Agent's address:	225 E Wildwood Ave, Wildwood, NJ
Manager/Agent's phone number:	609-729-5200
Manager/Agent's email:	sakaulf@yahoo.com
Emergency Contact person & phone number:	Joseph Leong 717-487-2921
Number of dwelling units on the property:	1
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Lloyds of London (Anchor Insurance Agency) Policy # [redacted]

Location of Shut Off Valves:

Electric: Kitchen Nat. Gas: NA

Water: 1st Floor Propane: NA

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April (May) (June) (July) (August) (September) October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To:	CUTIETTA, MARIA 1300 CROWN LANE SOUTH PLAINFIELD, NJ 07080	Business Name: Business Location: Account Number: Fee Paid: Date:	 225 E. WILDWOOD AVE, UNIT 415 08531 24.00 10/26/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 837

FEE PAID
$ 24.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To:	CUTIETTA, MARIA 1300 CROWN LANE SOUTH PLAINFIELD, NJ 07080	Business Name: Business Location: Account Number: Fee Paid: Date:	 225 E. WILDWOOD AVE, UNIT 415 08531 24.00 10/26/22

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 837

FEE PAID
$ 24.00

Date of Receipt by Clerk's Office:

Bill Mailed: 4/15/21 ACCT# 08531

DO NOT WRITE ABOVE THIS LINE.

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application
License Term: _____

Property Street Address:	225 East Wildwood Ave. Wildwood NJ #415
Property Trade Name, if applicable:	
Name of Property Owner of Record:	Marra Cutietta
Property Owner's mailing address	1300 Crown Ln South Plainfield NJ 07080
Property Owner's phone number:	908-208-0918
Property Owner's email:	
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 East Wildwood Ave
Manager/Agent's phone number:	
Manager/Agent's email:	
Emergency Contact person & phone number:	Gino Leonardis 908-821-7732
Number of dwelling units on the property:	
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Coastline Insurance Policy# [redacted]

Location of Shut off Valves:

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? No

If yes, attach lease(s). If lease(s) are not attached, the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees, and municipal assessments and fire inspection fees paid and up to date? Yes

The undersign certifies that the information supplied herein is true and correct. Applicant certifies he/she will comply with all provisions pertinent to NJ Statues, Regulations, and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises to be licensed by authorizing the inspections of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the premises comply with applicable property maintenance codes of the City of Wildwood.

Angelo Cutietta
Print Name

Signature

3/25/21
Date

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **DEPUTY, RON & LUCI**
219 SOUTH BANCROFT PKWY
WILMINGTON DE 19805

Business Name:
Business Location: **225 E WILDWOOD AVE UNIT 420**
Account Number: **07002**
Fee Paid: **24.00**
Date: **10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 1077

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 24.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **DEPUTY, RON & LUCI**
219 SOUTH BANCROFT PKWY
WILMINGTON DE 19805

Business Name:
Business Location: **225 E WILDWOOD AVE UNIT 420**
Account Number: **07002**
Fee Paid: **24.00**
Date: **10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 1077

FEE PAID
$ 24.00

Bill Mailed: 3/28/14 ACCT# 07002

DO NOT WRITE ABOVE THIS LINE.

Date of Receipt by Clerk's Office: RECEIVED

MAR 14 2014

CITY CLERK'S OFFICE

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Avenue #420
Property Trade Name, if applicable:	Diplomat Condo
Name of Property Owner of Record:	RON + Luci Cappelle Deputy
Property Owner's mailing address:	219 So. Bancroft Pkwy Wilmington De 19805
Property Owner's phone number:	302 379 4410 302 379 2109
Property Owner's email:	Luci @ Comcast . net
Name of Property Manager or Agent:	Ms Shirly Koffman
Manager/Agent's address:	c/o Diplomat E. Wildwood Ave
Manager/Agent's phone number:	Ms Shirly Kauf 609-741-1442
Manager/Agent's email:	unknown
Emergency Contact person & phone number:	my Brother - Paul A. Cappelle {609-805-2577 {609 320-6576
Number of dwelling units on the property:	88 units we have ONE (I believe There are 88 Altogether units @ Diplomat
Number of dwelling units to be leased or made available to others:	ONE
Number of sleeping rooms, in all dwelling units to made available to others:	TWO

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: 21st century Homeowners Ins. HOMESITE INS. CO. Policy # [redacted]

Location of Shut Off Valves:

Electric: Kitchenette WALL behind door Nat. Gas: N/A

Water: N/A Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May (June) (July) (August) (September) October November December

(possibly)

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Luci Cappelle Deputy — 2 Feb 2014

Print name — Signature — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3.17.14

Official who completed inspection: Dannon Occupancy limit: 4

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: _____ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Signature

Or

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Signature

Or

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **SCHLEGEL, LEONARD & NANCY**
300 W. GREENWAY ST.
FLEETWOOD, PA 19522

Business Name:	**DIPLOMAT CONDO**
Business Location:	**225 E. WILDWOOD AVE, UNIT 503**
Account Number:	**07323**
Fee Paid:	**12.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 47

MUST BE POSTED IN A CONSPICUOUS PLACE

FEE PAID
$ 12.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **SCHLEGEL, LEONARD & NANCY**
300 W. GREENWAY ST.
FLEETWOOD, PA 19522

Business Name:	**DIPLOMAT CONDO**
Business Location:	**225 E. WILDWOOD AVE, UNIT 503**
Account Number:	**07323**
Fee Paid:	**12.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 47

FEE PAID
$ 12.00

523

DONE 5-28-14 Date of Receipt by Clerk's Office RECEIVED

MAY 19 2014

CITY CLERK'S OFFICE

Bill Mailed: 5/23/14 ACCT# 07323 DO NOT WRITE ABOVE THIS LINE.

NEW?

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address: 235 E. Wildwood Ave Wildwood NJ 08260 #503
Property Trade Name, if applicable: Diplomat Condo Club
Name of Property Owner of Record: Lambert Mary Schleifer
Property Owner's mailing address: 300 W. Greenway St Fleetwood PA 19522
Property Owner's phone number: 610 944 9527
Property Owner's email:
Name of Property Manager or Agent: Shirley Kaulf
Manager/Agent's address: 235 E. Wildwood Ave Wildwood NJ 08260
Manager/Agent's phone number: 609 729 5200
Manager/Agent's email:
Emergency Contact person & phone number: Shirley Kaulf 609 741 4482
Number of dwelling units on the property: [redacted] 1
Number of dwelling units to be leased or made available to others: [redacted] 1
Number of sleeping rooms, in all dwelling units to made available to others: 2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Scottsdale Policy # [redacted]

Location of Shut Off Valves:

Electric: For Unit Nat. Gas: _____

Water: Main Bldg Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) May June July August September (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigne I certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pert. .ent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

LEONARD SCHLEGEL L. Schlegel 3-3-14

Print name Signature Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 5-15-14

Official who completed inspection: _____ Occupancy limit: 9

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or _____
Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or _____
Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or _____
Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____
Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **DICICCO, GINA**
117 EVERTURN LANE
LEVITTOWN, PA 19054

Business Name:	**DIPLOMAT BEACH CLUB**
Business Location:	**225 E. WILDWOOD AVE, UNIT 504**
Account Number:	**08799**
Fee Paid:	**24.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 759

MUST BE POSTED IN A CONSPICUOUS PLACE

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

FEE PAID
$ 24.00

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **DICICCO, GINA**
117 EVERTURN LANE
LEVITTOWN, PA 19054

Business Name:	**DIPLOMAT BEACH CLUB**
Business Location:	**225 E. WILDWOOD AVE, UNIT 504**
Account Number:	**08799**
Fee Paid:	**24.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 759

FEE PAID
$ 24.00

Date of Receipt by Clerk's Office:

Bill Mailed: 4/8/22 ACCT# 08799

DO NOT WRITE ABOVE THIS LINE. Called App on 4/6/22 - LVM - App Incomplete

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application
License Term: _____

Property Street Address:	225 East Wildwood Ave # 504
Property Trade Name, if applicable:	Diplomat Beach Club
Name of Property Owner of Record:	Gina DiCicco
Property Owner's mailing address	117 Evertum Lane, Levittown Pa 19054
Property Owner's phone number:	215-989-0913
Property Owner's email:	Gdicicco728@gmail.com
Name of Property Manager or Agent:	UnKnown Manager - Maintenance - Ron Coleman and Jim Carr
Manager/Agent's address:	Unknown
Manager/Agent's phone number:	Unknown
Manager/Agent's email:	UnKnown
Emergency Contact person & phone number:	Pam DiCicco - 267-875-9883
Number of dwelling units on the property:	[redacted] 88
Number of dwelling units to be leased or made available to others:	~~Unknown~~ 1
Number of sleeping rooms, in all dwelling units to made available to others:	~~Unknown~~ 2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: E & K Insurance Company Policy# [redacted]

Location of Shut off Valves:

Electric: In Unit Nat. Gas: n

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? NO

If yes, attach lease(s). If lease(s) are not attached, the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees, and municipal assessments and fire inspection fees paid and up to date? _____

The undersign certifies that the information supplied herein is true and correct. Applicant certifies he/she will comply with all provisions pertinent to NJ Statues, Regulations, and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises to be licensed by authorizing the inspections of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the premises comply with applicable property maintenance codes of the City of Wildwood.

Gina DiCicco	Gina DiCicco	4-2-22
Print Name	Signature	Date

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022

License

To: **THORNTON, JENNIFER**
210 TASKER AVENUE
FOLSOM, PA 19033

Business Name:	**4 SHORE RENTS, LLC**
Business Location:	**225 E. WILDWOOD AVE, UNIT 505**
Account Number:	**08946**
Fee Paid:	**28.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	20.00	0.00	8.00	28.00

No. 1397

FEE PAID
$ 28.00

MUST BE POSTED IN A CONSPICUOUS PLACE

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **THORNTON, JENNIFER**
210 TASKER AVENUE
FOLSOM, PA 19033

Business Name:	**4 SHORE RENTS, LLC**
Business Location:	**225 E. WILDWOOD AVE, UNIT 505**
Account Number:	**08946**
Fee Paid:	**28.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	20.00	0.00	8.00	28.00

No. 1397

FEE PAID
$ 28.00

Date of Receipt by Clerk's Office:

Bill Mailed: 7/7/22 ACCT# 08946

DO NOT WRITE ABOVE THIS LINE.

INFORMATION ABOVE THIS LINE IS TO BE PROVIDED BY CITY OFFICIALS

City of Wildwood
Rental Housing Mercantile License Application

License Term: _____

Property Street Address:	225 E. Wildwood Ave. Unit# (505) PH05 Wildwood, NJ 08260
Property Trade Name, if applicable:	Diplomat
Name of Property Owner of Record:	4 Shore Rents LLC
Property Owner's mailing address	210 Tasker Ave Folsom PA 19033
Property Owner's phone number:	267-455-4965
Property Owner's email:	4shorerents@Gmail.com
Name of Property Manager or Agent:	Jennifer Thornton
Manager/Agent's address:	210 Tasker Ave Folsom PA 19033
Manager/Agent's phone number:	267-455-4965
Manager/Agent's email:	4shorerents@Gmail.com
Emergency Contact person & phone number:	Jennifer Thornton 267-455-4965
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Plymouth Rock Assurance Policy# [redacted]

Location of Shut off Valves:

Electric: On Kitchen wall Nat. Gas: N/A

Water: Under sinks and behind Toilet Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenants or tenants who have year round/12 month lease(s)? NO

If yes, attach lease(s). If lease(s) are not attached, the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees, and municipal assessments and fire inspection fees paid and up to date? _____

The undersign certifies that the information supplied herein is true and correct. Applicant certifies he/she will comply with all provisions pertinent to NJ Statues, Regulations, and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises to be licensed by authorizing the inspections of the City of Wildwood, at the reasonable times and upon reasonable notice, for the purpose of determining whether or not the premises comply with applicable property maintenance codes of the City of Wildwood.

Jennifer Thornton
Print Name

Signature

10/30/2022
Date

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **ROMALINO, KENNETH & DORENN**
450 SUNNYHILL AVE
FRANKLINVILLE, NJ 08322

Business Name:	**DIPLOMAT**
Business Location:	**225 E. WILDWOOD AVE, UNIT 518**
Account Number:	**07276**
Fee Paid:	**24.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 79

FEE PAID
$ 24.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **ROMALINO, KENNETH & DORENN**
450 SUNNYHILL AVE
FRANKLINVILLE, NJ 08322

Business Name:	**DIPLOMAT**
Business Location:	**225 E. WILDWOOD AVE, UNIT 518**
Account Number:	**07276**
Fee Paid:	**24.00**
Date:	**10/26/22**

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STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	16.00	0.00	8.00	24.00

No. 79

FEE PAID
$ 24.00

Date of Receipt by Clerk's Office: RECEIVED

APR 04 2014

CITY CLERK'S OFFICE

Bill Mailed: 4/28/14 ACCT # 07276 / Done 4/29/14

DO NOT WRITE ABOVE THIS LINE.

NEW OWNER? YES

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave # 518
Property Trade Name, if applicable:	Diplomat Beach Club
Name of Property Owner of Record:	Kenneth G. and Dorenn M. Romalino
Property Owner's mailing address:	450 Sunnyhill Ave, Franklinville NJ 08322
Property Owner's phone number:	Home: 856-629-6929, [redacted]
Property Owner's email:	kgr590@netscape.net
Name of Property Manager or Agent:	Diplomat Condo Assoc. / Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave
Manager/Agent's phone number:	(609) 729-5200
Manager/Agent's email:	info@diplomatsuites.com
Emergency Contact person & phone number:	Shirley Kaulf (609) 729-5200
Number of dwelling units on the property:	
Number of dwelling units to be leased or made available to others:	One
Number of sleeping rooms, in all dwelling units to made available to others:	~~One~~ 2

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Scottsdate Insurance Company Policy # [redacted]

Location of Shut Off Valves:

Electric: _____ Nat. Gas: N/A

Water: _____ Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April May June July August September October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? NO If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? Yes

The undersigne I certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Kenneth Romalino — Print name

Ken Romalino — Signature

APRIL 03, 2014 — Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 4-14-14

Official who completed inspection: _____ Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: 0 I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: _____ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

2022
License

To: **SCHLEGEL, LEONARD & NANCY**
300 GREENWAY STREET
FLEETWOOD, PA 19522

Business Name:	**DIPLOMAT**
Business Location:	**225 E. WILDWOOD AVE, UNIT 519**
Account Number:	**07623**
Fee Paid:	**12.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE FOR THE TIME PERIOD ENDING 5/1/2023.

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 48

FEE PAID
$ 12.00

Christopher Wood
CHRISTOPHER WOOD, CITY CLERK

MUST BE POSTED IN A CONSPICUOUS PLACE

City of Wildwood
Wildwood By The Sea
4400 New Jersey Avenue
Wildwood, NJ 08260
609-522-2444 Fax 609-523-9200

OFFICE COPY
2022
License

To: **SCHLEGEL, LEONARD & NANCY**
300 GREENWAY STREET
FLEETWOOD, PA 19522

Business Name:	**DIPLOMAT**
Business Location:	**225 E. WILDWOOD AVE, UNIT 519**
Account Number:	**07623**
Fee Paid:	**12.00**
Date:	**10/26/22**

THIS LICENSE IS ISSUED TO THE ABOVE FOR THE OPERATION OF THE BUSINESS SPECIFIED IN COMPLIANCE WITH ALL THE REQUIREMENTS OF ORDINANCES NECESSARY FOR OBTAINING THIS LICENSE. LICENSE MAY BE REVOKED SHOULD THE LICENSEE OR HIS AGENT VIOLATE ANY LAW OR ORDINANCE REGULATIVE OF THE BUSINESS OR AT ANY OTHER TIME THAT THE PUBLIC GOOD REQUIRES SUCH ACTION. I, CHRISTOPHER WOOD, CITY CLERK OF THE CITY OF WILDWOOD, NJ DO HEREBY GRANT THIS LICENSE

STATUE #	DESCRIPTION	AMOUNT DUE	TDF	PROMO	TOTAL AMOUNT
11800.1	CONDO DIPLOMAT N	8.00	0.00	4.00	12.00

No. 48

FEE PAID
$ 12.00

RECEIVED

Date of Receipt by Clerk's Office: JUL 31 2015

CITY CLERK'S OFFICE

Bill Mailed: 8/12/15 ACCT#07623 DO NOT WRITE ABOVE THIS LINE. NEW

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave., Wildwood, NJ.
Property Trade Name, if applicable:	Unit 519
Name of Property Owner of Record:	Leonard & Nancy Schlegel
Property Owner's mailing address:	300 Greenway St., Fleetwood, PA 19522
Property Owner's phone number:	610 944 9527
Property Owner's email:	
Name of Property Manager or Agent:	Shirley Kaulf
Manager/Agent's address:	225 E. Wildwood Ave., Wildwood, NJ
Manager/Agent's phone number:	609 729 5200
Manager/Agent's email:	
Emergency Contact person & phone number:	Shirley Kaulf 609 729 5200
Number of dwelling units on the property:	82
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	one

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: _____ Policy #: _____

Location of Shut Off Valves:

Electric: 1st floor Nat. Gas: n/a

Water: 1st floor Propane: 2nd floor

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March (April) (May) (June) (July) (August) (September) (October) November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? no If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Leonard Schlegel — Leonard Schlegel — 7-31-15

Print name — Signature — Date

DO NOT WRITE BELOW THIS LINE.

Property address 225 E Wildwood #519 Date of City's inspection 8-4-15

Official who completed inspection: Davis Occupancy limit 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Date of Receipt by Clerk's Office:

RECEIVED
APR 04 2014
CITY CLERK'S OFFICE

Bill mailed 4/17/14

Account # 03918

DO NOT WRITE ABOVE THIS LINE.

Not Paid owes 2022

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E Wildwood Ave #520
Property Trade Name, if applicable:	Diomar Condominiums
Name of Property Owner of Record:	Marcy Glantz & Edward Dever
Property Owner's mailing address:	300 Westbury Dr Marlton NJ 08053
Property Owner's phone number:	856 985-0137 / cell 609 217-7836
Property Owner's email:	Marcyglantz@aol.com
Name of Property Manager or Agent:	Shirley Kauf
Manager/Agent's address:	225 E Wildwood Ave
Manager/Agent's phone number:	609-741-1442
Manager/Agent's email:	infoe@phoenixtrs.com
Emergency Contact person & phone number:	Shirley Kauf 609-741-1442
Number of dwelling units on the property:	~~55~~ 1
Number of dwelling units to be leased or made available to others:	~~Approx 55~~ 1
Number of sleeping rooms, in all dwelling units to made available to others:	1

225 E Wildwood Ave #520

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: Covenant Insurance Co Policy # 1105129751

Location of Shut Off Valves:

Electric: Kitchen Closet to bathroom Nat. Gas: N/A

Water: Kitchen Closet to bathroom Propane: N/A

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? No If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? _____

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Mary Glantz | [signature] | 3/20/2014

Print name | Signature | Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 4-14-14

Official who completed inspection: _____ Occupancy limit: 2

Approval or Referral to the Governing Body

Chief of Police

Approval: ✓ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or [signature]

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____

Signature

Fire Official

Approval: ✓ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or [signature]

Signature

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____

Signature

Property Inspector

Approval: ✓ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or [signature]

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

_____

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____

Bill Mailed: 3/28/14

Date of Receipt by Clerk's Office:

ACCT# 03106

DO NOT WRITE ABOVE THIS LINE.

Not paid
Owes 2022

City of Wildwood
Rental Housing Mercantile License Application
License Term: May 1, 2014 – April 30, 2015

Property Street Address:	225 E. Wildwood Ave. Wildwood NJ 08260
Property Trade Name, if applicable:	#PH4
Name of Property Owner of Record:	Cedric Robert & Jean & Debra Pizzella
Property Owner's mailing address:	96 Brasted Ave. Staten Island, NY 10314
Property Owner's phone number:	718-982-9255
Property Owner's email:	fdpizz@yahoo.com
Name of Property Manager or Agent:	Debbie Pizzella
Manager/Agent's address:	96 Brasted Ave. S.I., NY 10314
Manager/Agent's phone number:	718-982-9255
Manager/Agent's email:	fdpizz@yahoo.com
Emergency Contact person & phone number:	Frank Pizzella 646-239-9040
Number of dwelling units on the property:	88
Number of dwelling units to be leased or made available to others:	1
Number of sleeping rooms, in all dwelling units to made available to others:	1

A floor plan sketch must be attached which shows each sleeping room and the dimensions of ALL rooms, including lavatories and utility rooms.

Insurance Company: _____ Policy # _____

Location of Shut Off Valves:

Electric: _____ Nat. Gas: _____

Water: _____ Propane: _____

Circle all months this property or part of it will be or may be available to be occupied by anyone other than the owner:

January February March April May June July August September October November December

Is the property fully occupied by a tenant(s) who have year round/12 month lease(s)? _____ If yes, attach lease(s) or other proof. If lease(s) or other proof is/are not attached the property will be considered a seasonally rented property.

Are all property taxes, sewer fees, water fees and municipal assessments and fire inspection fees paid and up to date? ___Y/E/S___

The undersigned certifies that the information supplied herein is true and correct. Applicant certified he/she will comply with all provisions pertinent to NJ Statues, Regulations and Municipal Ordinances. If failing to do so, applicant acknowledges that the mercantile license to be issued shall be subject to revocation. Applicant hereby consents to the inspection of the premises by authorized inspectors of the City of Wildwood, at reasonable times and upon reasonable notice, for the purpose of determining whether or not said premises comply with applicable property maintenance codes of the City of Wildwood.

Debbie Pizzella | Debbie Pizzella | 3-6-14

Print name Debbie | Signature Debbie | Date

DO NOT WRITE BELOW THIS LINE.

Property address _____ Date of City's inspection 3/6/14

Official who completed inspection: _____ Occupancy limit: 3

Approval or Referral to the Governing Body

Chief of Police

Approval: ___Y___ I, the Chief of Police for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature

Referral: _____ I, the Chief of Police for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Fire Official

Approval: ___Y___ I, the Fire Official for the City of Wildwood, have no objection to the issuance of this license.

Or

Signature 3/26/14

Referral: _____ I, the Fire Official for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

Property Inspector

Approval: ___Y___ I, the Property Inspector for the City of Wildwood, have no objection to the issuance of this.

Or

Signature

Referral: _____ I, the Property Inspector for the City of Wildwood, have concerns about the issuance of this license which should be addressed by the City's governing body before any license may be issued.

Signature

If Referred, Governing Body Action:

_____ License Granted _____ Conditional License Granted _____ License Denied Date of Action: _____