



www.NJInns.com
info@njinns.com

ASPIRING INNKEEPER APPLICATION

Name _____

Street Address _____

City, State, Zip _____

Phone _____

E-Mail Address _____

Please answer the following questions so that we can better serve you.

How did you learn about our Aspiring Innkeeper Program?

In addition to contacting Preferred Inns, what else have you done to learn about innkeeping, e.g.,

Attended a course, talked with current innkeepers, etc.?

In what areas of New Jersey, or elsewhere, would you like to operate your inn?

Would you prefer to own your own inn or be an innkeeper for someone who does?

What else would you like us to know about your interest in innkeeping?

Please mail this application with your check to:

Preferred Inns of New Jersey
P.O. Box 108
Spring Lake, NJ 07762

We also accept Visa, MC, or American Express:

Credit Card Type: _____

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

(Application Form: last updated 1-21-09)