

YEDIDEI HAGAN, INC.
P.O. BOX 3389
NEW HAVEN, CONNECTICUT 06515

May 24, 2021

Livable City Initiative
165 Church Street
New Haven, CT 06510

Re: Residential Rental License Applications

Dear Sir/Madam:

Enclosed please find our renewal applications for the following address:

196 Norton Street

Also enclosed is our check for the license fees in connection with these applications.

Very truly yours,

Yedidei Hagan, Inc.

PHONE AND FAX - (203) 497-9716



Justin Elicker
Mayor

LIVABLE CITY INITIATIVE
165 Church Street, 3rd Floor
New Haven, CT 06510
Phone: (203) 946-7090 Fax: (203) 946-4899

RESIDENTIAL RENTAL LICENSE APPLICATION

Rental Property Address: **196 NORTON ST**

Buildings Style: **Apt House** Number of Residential Units: **5**

Owner's Name: **YEDIDEI HAGAN INC**

Owner's Address **PO BOX 3389 NEW HAVEN CT 06515**

Owner's Phone Numbers Residence/Work: **203-497-9716** Cellular: _____

Email: (Email)

If the above information is **incorrect**, please update information in the box below:

Owner's Address (P.O. Boxes are not acceptable): _____	Any units occupied by New Haven Housing Authority Section 8 Voucher Recipients? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Phone Numbers: Residence/Work: _____ Cellular: _____	
Email <input type="text"/> @ _____ .com	

Property Sold on (date): _____ New Owner Name (if known): _____
Signature: _____

Mail To: Owner Manager

Manager's Name: _____

Manager's Address: _____

Manager's Phone Numbers: Residence /Work: _____ Cellular: _____

Emergency Contact Person's Name: Jean Ledbury

Emergency Contact Person's Address: 765 Elm Street, New Haven, CT 06511 (work)

Emergency Contact Person's Phone Numbers Residence: Work: 203-777-7197 Cellular: _____

Registration fee enclosed: \$ 350.00

I, the Owner/Agent for the above property do hereby affirm that the information provided in this application is correct and will immediately contact the Livable City Initiative if there is a subsequent change, upon penalties of false statement.

Signature: Sarah Greer, Secretary of Yedidei Hagan, Inc.

Date: May 25, '21 14 Sivan 5781

Office use only	
Application Processed by: _____	Processed Date: _____
Payment Processed by: _____	Processed Date: _____

YEDIDEI HAGAN, INC.
PO BOX 3389
NEW HAVEN, CT 06515

NEW HAVEN BANK
newhavendbank.com
203-286-6490

3683

51:1075/14

CHECK NUMBER 2

5/24/2021

PAY TO THE ORDER OF Treasurer, City of New Haven

\$ **350.00

DOLLARS

Three Hundred Fifty and 00/100*****

Treasurer, City of New Haven
165 Church Street, 3rd Floor
New Haven, CT 06510

MEMO

AUTHORIZED SIGNATURE

⑆003633⑆ ⑆011110756⑆ 0150013803⑆

Details on Back.

Photo Safe Deposit®