FEE: $_____
NO FEES WILL BE REFUNDED
DATE: _____
RECEIPT # _____

CITY OF ORANGE TOWNSHIP
DEPARTMENT OF PLANNING AND DEVELOPMENT
DIVISION OF LICENSING
29 NORTH DAY STREET
ORANGE, NEW JERSEY 07050

PLEASE COMPLETE THIS FORM
Kindly renew my Automobile Paint Shops License for the year 20_____
FEE: $200.00

FOR OFFICE USE ONLY:		TO BE COMPLETED BY APPLICANT:
Approved by:		
Building Dept.	Date:	Trade Name
		Address of Business
Fire Dept	Date:	Name of Individual, Owner or Official (PLEASE PRINT)
		Date of Birth
Police Dept	Date:	Social Security Number
		Home Address
		Home Phone
		Business Phone
		Signature of Applicant