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 Laundro-Mat License for the year 20_____
FEE: $250.00

FOR OFFICE USE ONLY:		TO BE COMPLETED BY APPLICANT:
Approved By:		Name or Company Represented
		Address of Above
		Name of Individual (PLEASE PRINT)
Building Dept.	Date:	Date of Birth
Fire Dept.	Date:	Social Security Number
Police Dept.	Date:	Home Address
		Home Phone
		Business Phone
		Signature of Individual