

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 Repair Garage License for the year 20_____
FEE: \$200.00

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