

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 Restaurant License for the year 20_____

Seating accommodations fifty (50) or more	\$100.00
Seating accommodations less than 50	\$50.00
Open for 24 hour service (additional fee)	\$150.00

<u>FOR OFFICE USE ONLY:</u>	<u>TO BE COMPLETED BY APPLICANT:</u>
Approved by: _____ Building Dept. _____ Date: _____	Trade Name _____ Address of Business _____
Fire Dept. _____ Date: _____	Name of Individual, Owner (PLEASE PRINT) _____
Health Dept. _____ Date: _____	Date of Birth _____ Social Security Number _____ Home Address _____ Home Telephone Number _____ Business Telephone Number _____ Signature of Individual Owner _____