

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 Taxi Operator License for the year 20 _____
FEE: \$75.00

<u>FOR OFFICE USE ONLY:</u>	<u>TO BE COMPLETED BY APPLICANT:</u>
Police Dept _____ Date: _____	Name of Employer _____
<u>TO BE COMPLETED BY APPLICANT:</u> Badge #: _____ Driver's License #: _____	Address of Above _____
	Name of Individual (PLEASE PRINT) _____
	Date of Birth _____
	Social Security Number _____
	Home Address _____
	Home Phone _____
	Business Phone _____
	Signature of Individual _____