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 Owner License for the year 20_____
FEE: $100.00 Per Vehicle

FOR OFFICE USE ONLY:	TO BE COMPLETED BY APPLICANT:
Approved By:	Name of Employer or Company
	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
TO BE COMPLETED BY APPLICANT: Make of Car:_____ Year: _____ Serial #: _____ Plate #: _____ Drivers License #: _____	Home Phone
	Business Phone
	Signature of Individual