

TOWNSHIP OF WAYNE
CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

YEAR _____ NEW _____ or RENEWAL _____

APPLICATION - BILLIARD ROOM LICENSE

*TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN ITS ENTIRETY
(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)*

Please circle one:

NAME of CORPORATION, PARTNERSHIP, LLC, or INDIVIDUAL: _____

ADDRESS (office): _____ **TEL.#** _____

MAILING ADDRESS: _____

TRADE NAME: _____

LOCATION: _____ **TEL. #** _____

FAX # _____ **EMAIL ADDRESS:** _____

If Corporation or LLC, please give Contact Name & Emergency Telephone Number:

Please circle one:

PARTNERSHIP, LLC or INDIVIDUAL, LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
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1. _____

2. _____

3. _____

IF APPLICANT IS INCORPORATED, STATE WHERE: _____
(STATE)

	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
PRESIDENT	_____	_____	_____

SECRETARY _____

Registered Agent or person upon whom service of process is authorized to be made:

Name: _____

Address: _____

Telephone Number: _____

DO YOU: OWN _____ or LEASE _____ PROPERTY?

IF PROPERTY IS LEASED NAME OF LANDLORD, OR HOLDER OF LEASE & ADDRESS, & TELEPHONE NUMBER:

HAS APPLICANT EVER BEEN CONVICTED OF A CRIME? _____

NATURE OF OFFENSE: _____

IN WHAT COURT WAS CONVICTION? _____

NUMBER OF TABLES: _____

LICENSE FEE: **\$100.00 PER YEAR**
(Non-Refundable)

LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR.

(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)

Applicant's Signature

Date

Print Name

FOR OFFICE USE ONLY:

FEE PAID: _____ DATE: _____

BUILDING DEPT. _____ ZONING DEPT. _____ R&I DEPT. _____ COUNCIL: _____