

CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

YEAR _____ NEW ___ or RENEWAL ___

APPLICATION - LAUNDROMAT 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>
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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:

NUMBER OF MACHINES:

WASHERS: _____

DRYERS: _____

LOCATION MUST COMPLY IN ALL RESPECTS TO THE REQUIREMENTS, REGULATIONS AND PROVISIONS OF THE FIRE INSPECTION BUREAU, BOARD OF HEALTH, AND ZONING ORDINANCES OF THE TOWNSHIP OF WAYNE.

Applicant's Signature

Date

Print Name

**LICENSE FEE \$100.00 PER YEAR (Ordinance No.30-2010)
(Non-Refundable)**

EXPIRATION DATE: DECEMBER 31ST OF EACH YEAR

FOR OFFICE USE ONLY

LICENSE FEE _____ DATE _____ FIRE INSPECTOR _____ HEALTH DEPT. _____

ZONING DEPT. _____ BUILDING DEPT. _____ COUNCIL _____