

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

YEAR _____
NEW _____ or RENEWAL _____

**APPLICATION – MOTION-PICTURE THEATERS 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:

NAME HOME ADDRESS HOME PHONE NO.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

IF APPLICANT IS INCORPORATED, STATE WHERE: \_\_\_\_\_

(STATE)

NAME HOME ADDRESS HOME PHONE NO.

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 SEATS IN EACH THEATRE: \_\_\_\_\_

Name & Telephone No. of Contact Person regarding Theater:

IF THIS IS A NEW THEATRE, PLANS AND SPECIFICATIONS OF PREMISES MUST BE ATTACHED TO THIS APPLICATION.

HAS A CERTIFICATE OF OCCUPANCY BEEN ISSUED? \_\_\_\_\_

**ANNUAL LICENSE FEE**

**FEE:** SEATING CAPACITY OF THEATRE LICENSE EXPIRES JUNE 30<sup>TH</sup> OF EACH YEAR

UP TO 500 \$100.00

OVER 500 \$100.00

ADDITIONAL FOR EACH 100 \$25.00

SEATS OR FRACTION OVER 500

(Non-Refundable)

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

I AGREE TO ABIDE BY ALL OF THE REQUIREMENTS OF CHAPTER 40, ARTICLE VIII OF THE REVISED ORDINANCES OF THE TOWNSHIP OF WAYNE AND OF ANY AMENDMENTS THERETO.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

FOR OFFICE USE ONLY: FEE: \_\_\_\_\_ DATE: \_\_\_\_\_ BD(New Only): \_\_\_\_\_ FB: \_\_\_\_\_ HD: \_\_\_\_\_ COUNCIL: \_\_\_\_\_