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 Fuel Oil Truck License for the year 20_____
FEE: $50.00

FOR OFFICE USE ONLY:		TO BE COMPLETED BY APPLICANT:
Approved By:		Trade Name
		Address of Business to be Licensed
		Name of Individual, Owner or Official (PLEASE PRINT)
Building Dept.	Date:	Date of Birth
Fire Dept.	Date:	Social Security Number
		Home Address
		Home Phone
		Business Phone
		Signature of Individual, Owner or Official