



Mayor
Susan Shin Angulo

Patti Chacker
Township Clerk
Registrar of Vital Statistics

MOTOR VEHICLE SERVICE STATION LICENSE APPLICATION

MOTOR VEHICLE SERVICE STATION LICENSE

APPLICANT

NAME: _____

CORPORATE NAME (if different): _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

LOCATION

TRADE NAME OF LOCATION _____

CORPORATE NAME (if different): _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

OPERATING DAYS OF THE WEEK: _____

HOURS OF OPERATION: _____

FEES: \$250.00

LICENSING PERIOD: January 1st through December 31st
(PLEASE NOTE: All Licenses are assessed a late fee if renewed after January 31st)

The undersigned duly authorized agent of the applicant does hereby state that the above facts are true and correct and hereby authorizes the Cherry Hill Township Police Department to conduct full investigations into the background and activities of all persons listed on this application.

DATE

 X
SIGNATURE

Township Council Approved _____ Denied _____ Date _____

Amount Paid _____ Date _____ Receipt # _____