



# MOTOR VEHICLE SERVICE STATION LICENSE APPLICATION

*Patti Chacker*  
Township Clerk

**OWNER /APPLICANT**

NAME: \_\_\_\_\_

CORPORATE NAME (if different): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LOCATION**

TRADE NAME OF LOCATION: \_\_\_\_\_

CORPORATE NAME (if different): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OPERATING DAYS OF THE WEEK: \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

**ANNUAL LICENSING PERIOD: January 1<sup>st</sup> through December 31<sup>st</sup>**

**FEES: \$250.00 PER YEAR**

**(PLEASE NOTE: All Licenses are assessed a late fee of \$100.00 if renewed after January 31<sup>st</sup>)**

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.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

.....  
Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_

**CHECKS / MONEY ORDERS should be made PAYABLE to CHERRY HILL TOWNSHIP**