



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 1<sup>st</sup> through December 31<sup>st</sup>**  
**(PLEASE NOTE: All Licenses are assessed a late fee 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.

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

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

Township Council      Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

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