

**CITY OF EAST ORANGE DEPARTMENT OF LICENSING  
LAUNDROMAT & COIN OPERATED DRY CLEANING APPLICATION**

**\*\*\*Any False Statements Will Be Cause For Revocation of License**

**Fee as follows:**    Washing and drying machines    \$20.00 per machine  
                          Coin-operated dry-cleaning machines    30.00 per machine

Date \_\_\_\_\_ Fee Paid \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Trade Name of Business \_\_\_\_\_

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

Street \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone# \_\_\_\_\_

PERSONAL DESCRIPTION:

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

IF PARTNER:

Name of Partner \_\_\_\_\_

Address of Partner \_\_\_\_\_

Phone # \_\_\_\_\_

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LAUNDROMAT INFORMATION

Number of Washers \_\_\_\_\_ Number of Dryers \_\_\_\_\_

Number of Coin-operated Dry Cleaning Machines \_\_\_\_\_

Fire Extinguisher Serial Number \_\_\_\_\_

Number of Smoke Detector's \_\_\_\_\_

Name of Attendant on Premises \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Hours Worked \_\_\_\_\_ A.M. thru \_\_\_\_\_ P.M.

Signature of Applicant \_\_\_\_\_

**STATE OF NEW JERSEY**

**COUNTY OF ESSEX**

**CITY OF EAST ORANGE**

**AFFIDAVIT**

\_\_\_\_\_ being duly sworn deposes and says that he/she is the

individual making the foregoing application for a \_\_\_\_\_ license and that the answers

to the questions contained therein are true.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

Signature of Applicant