



DEPARTMENT OF FINANCE  
LICENSE DIVISION  
**THE CITY OF EAST ORANGE NEW JERSEY**  
44 CITY HALL PLAZA EAST ORANGE, NEW JERSEY 07019  
LESTER E. TAYLOR, III

Tel: 973-266-5159  
Fax: 973-675-8066

**To: ALL SERVICE STATION OWNERS/OPERATORS**  
**From: The City of East Orange, Licensing Department**  
**Date: March 14, 2014**

Please be advised that it is now time to renew your Service Station license. Enclosed you will find an application to be completed, notarized and returned with the proper fee.

All applications must be returned no later than APRIL 31<sup>st</sup>. **Any applications received after this date will pay a late fee of twenty-five dollars.** Failure to respond may result in the issuance of a summons to appear at the East Orange Municipal Court.

If you have any questions or concerns, you may contact my office Monday thru Friday between the hours of 8:30 a.m. thru 4:30 p.m. at 973-266-5159.

Thank you for your usual cooperation.

ANY APPLICATION RECEIVED AFTER APRIL 31<sup>ST</sup> IS SUBJECT TO A LATE FEE OF TWENTY-FIVE DOLLARS.

CITY OF EAST ORANGE  
LICENSING DIVISION  
SERVICE STATION APPLICATION

DATE \_\_\_\_\_ FEE: \$30.00 PER PUMP

LICENSE NUMBER \_\_\_\_\_ NUMBER OF PUMPS \_\_\_\_\_

FEE PAID \_\_\_\_\_

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

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

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Location of Business \_\_\_\_\_

Is this Business owned by Partner \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_

Name & Address of Partner(s) or Corporate Officers

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Resident Alien? Yes \_\_\_\_\_ No \_\_\_\_\_ Green Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Number of Years at this location \_\_\_\_\_

**AFFIDAVIT**

STATE OF NEW JERSEY  
COUNTY OF ESSEX  
CITY OF EAST ORANGE

\_\_\_\_\_ Being duly sworn deposes and says that he/she is the individual make the foregoing application for a Service Station license and that the answers to the questions contained therein are true. Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

Signature of Notary \_\_\_\_\_