

TOWNSHIP OF WAYNE
CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

YEAR _____
NEW _____ or RENEWAL _____

APPLICATION – MOTION-PICTURE THEATERS LICENSE

TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN ITS ENTIRETY
(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)

Applicant Please Check One:

_____ CORPORATION, _____ PARTNERSHIP, _____ LLC, or _____ SOLE PROPRIETORSHIP

IF APPLICANT IS INCORPORATED: DATE: _____ WHAT STATE: _____

ATTACH: CERTIFICATE OF INCORPORATION WITH LIST OF OFFICERS, IF INCORPORATED

NAME CORP/PARTNER/LLC/SOLE PROP.: _____

ADDRESS: _____

TRADE NAME: _____

ADDRESS OF ESTABLISHMENT: _____

OFFICE TEL# _____ CELL# _____ FAX# _____

EMAIL ADDRESS: _____

LIST NAME, ADDRESS. & PHONE NO. OF EACH PARTNER/OFFICER (AS APPLICABLE) AND MANAGER(S)

*** LIST PRIMARY/APPLICANT CONTACT NAME FIRST ***

	<u>LAST NAME, FIRST NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

ANNUAL LICENSE FEE (Non-Refundable)

<u>FEES: SEATING CAPACITY OF THEATRE</u>		
UP TO	500	\$100.00
OVER	500	\$100.00
ADDITIONAL FOR EACH SEATS OR FRACTION OVER 500	100	\$ 25.00

LICENSE EXPIRES JUNE 30TH of each year

LATE FEE: \$25.00 (if payment made after June 30th)

FOR OFFICE USE ONLY:

FEE PAID: _____	DATE: _____	CHECK NO. _____	CASH _____
NEW APPLICATIONS: Fire _____ Planning _____ Building _____			
RENEWAL APPLICATIONS: Fire _____		COUNCIL MTG. _____	

Does Applicant OWN _____ or LEASE _____ property (establishment location)?

If property is leased, is Applicant responsible for WATER/SEWER payments with the Township? **Yes** ____ **or No** ____

LEASOR/PROPERTY OWNER INFORMATION

NAME: _____

HOME ADDRESS: _____

DAYTIME TEL #: _____ **EMAIL** _____

TOTAL NUMBER OF SCREENING ROOMS: _____

TOTAL NUMBER OF SEATS FOR EACH SCREENING ROOM:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____

Name & Telephone No. of Contact Person regarding Theater:

IF THIS IS A NEW THEATRE, PLANS AND SPECIFICATIONS OF PREMISES MUST BE ATTACHED TO THIS APPLICATION.

HAS A CERTIFICATE OF OCCUPANCY BEEN ISSUED? _____

I AGREE TO ABIDE BY ALL OF THE REQUIREMENTS OF CHAPTER 40, ARTICLE VIII OF THE REVISED ORDINANCES OF THE TOWNSHIP OF WAYNE AND OF ANY AMENDMENTS THERETO.

BY SIGNING THIS APPLICATION, I AFFIRM THAT I HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THE CODE OF THE TOWNSHIP OF WAYNE WITH RESPECT TO MY LICENSE/PERMIT.

Applicant's Signature **Date**

Print Name