



Application is hereby made for a license as set forth above. In accordance with the ordinance Chapter 403 of the City of Clifton, N.J., the following information is submitted:

1. NA	IE OF APPLICANT (s)/CORPORATION
2. BU	INESS ADDRESS OF APPLICANT
3. BU	INESS NAME (DBA) OF APPLICANT
L1	PPLICANT AN INDIVIDUAL, PARTNERSHIP, CORPORATION, INTED LIABILITY CORPORATION (LLC), or other entity? (check applicable box) Ther entity, explain in full)
5a.	FOR <u>INDIVIDUAL</u> APPLICANT ONLY: Full name and residence address of each applicant. <u>Date and Place of Birth</u> 1
5b.	FOR PARTNERSHIP APPLICANTS ONLY: Full name and residence address of each partner. Date and Place of Birth Date and Place of Birth Date and Place of Birth
5c.	FOR APPLICANTS WHO ARE A CORPORATION, LLC, or OTHER ENTITY ONLY: Full name and residence address Date and Place of Birth President
	2. Vice-President
	3. Secretary
	4. Treasurer
	5. Stockholder*
Addre *The intere	and Address of Registered Agent
6.	Has the applicant or any of the persons whose names are listed in the answer to question number 5a, 5b, 5c ever been arrested for any reason whatsoever?
	YES NO (check one) If yes, complete below. Name Date Arrested Crime or Charge Involved Disposition thereof
7.	Has the applicant or any of the persons whose names are listed in the answer to question number 5a, 5b, 5c ever been convicted of a crime?
	YES NO (check one) If yes, complete below. Name Date Arrested Crime or Charge Involved
	Disposition thereof(Continue on next page) BLOCK LOT
XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE	FCFIVED CASH

CHECK_____

INITIALS_____

POOL

TYPE OF LICENSE

SECTION 403-17 of the REVISED ORDINANCES OF THE CITY OF CLIFTON, NEW JERSEY

 Pool permit fee Processing fee 		\$ 350.00 \$ 25.00
	TOTAL DUE	\$ 375.00
HOME TELEPHONE NUMBER:		
BUSINESS TELEPHONE NUMBER:		
DATED		
WITNESS:	(SIGNATURE (OF <u>INDIVIDUAL</u>)
WITNESS:	(SIGNATURE O	OF <u>PARTNER</u>)
WITNESS:	(SIGNATURE O	OF <u>PARTNER</u>)
WITNESS:	(SIGNATURE O	OF <u>PARTNER</u>)
WITNESS:	(SIGNATURE O	OF <u>PARTNER)</u>
ATTEST:(SECRETARY)	(NAME OF <u>CORI</u>	PORATIONSOR OTHER ENTITY)
(AFFIX CORPORATE SEAL)		F PRES. OR VICE-PRES)

AFFIDAVIT BY INDIVIDUAL APPLICANT

State of)) SS					
County of) 33					
(Name of individual applicant)	, of full age, being duly	sworn according to law, upon his oath deposes and says that:				
1. The answers, stateme	1. The answers, statements and declarations made in the foregoing application are absolutely true in all respects.					
Subscribed and sworn to b	efore me this	day of,,				
(Signature of Officer Admir	nistering Oath)					
(Title of such Officer)						
	(Signa	ture of Individual Applicant)				
<u>AFFI</u>	DAVIT BY CORPORATION, I	LLC, or OTHER ENTITY APPLICANT				
State of)					
County of) SS)					
•	of full age, being duly	sworn according to law, upon his oath deposes				
(Name of President or Vice-Pre and says that:	esident)	short according to law, aport his oddi acposes				
1. He/She is the	of the co	prporation named as the applicant in, and which				
		said corporation to sign said application it its name and in its				
		ons pertaining to such applicant corporation, and that all the nereto are absolutely true in all respects.				
Subscribed and sworn to be	efore me this	day of,				
(Signature of Officer Admir	nistering Oath)					
(Title of such Officer)	(Signa	ture of President or Vice-President of Corporate Applicant)				
		TNERSHIP APPLICANT e signed by <u>ALL</u> partners)				
State of)) SS					
County of)					
of full age, being duly swo		all partners) all partners) deposes and says (each for himself/herself and not for the				
others) on their respective		racposes and says (each for himself/herself and hot for the				
2. They have read and fu	lly understand all of the questions	the applicant in the foregoing application. pertaining to such applicant partnership. ns made thereto are absolutely true in all respects.				
		·				
Subscribed and Sworn to b	erore me dis	day of,,				
(Signature of Officer Admir	nistoring Oath)	(Signature of Partner)				
(Signature of Officer Admir	instering Gaury	(Signature of Partner)				
(Title of such Officer)		(Signature of Partner)				
		(Signature of Partner)				
		(Signature of Partner)				