

2015

PISCATAWAY TOWNSHIP CLERK'S OFFICE

455 Hoes Lane
Piscataway, New Jersey 08854
732-562-2310

Office Use Only	
Date received	_____
Issued	_____
Receipt #	_____
Hold	_____
Ck #	_____

BEAUTY & BARBER LICENSE APPLICATION

NAME: _____ Date _____.

ADDRESS: _____

I hereby apply for License to operate a Beauty and Barbershop in Piscataway, N.J.

LOCATION: _____

In the event such license is granted, I agree to comply with and abide by all the Provisions, Rules And Regulations of the Middlesex County Health and the Sanitary Code of the Township of Piscataway.

Print Name: _____ Signed: _____

P O Box/Address: _____

Bus. Phone: _____ Fax #: _____ Home/Cell Phone: _____
(If your home phone number is unlisted, please indicate by circling the phone number)

Email Address: _____

Fee: 35.00

License # **BB - - 2015**

LICENSE FEE NON REFUNDABLE !!!!

Is applicant an Individual, Partnership or Corporation (Circle one)

If applicant is a Corporation/Partnership, give Names and Address of the corporate/partnership and the name of the person in charge (**REGISTERED AGENT**)

Application must be completed in full and signed or it will be returned. Failure to remit application and fee by December 31, 2014 will result in a late fee of **\$120.00 per month, effective January 1, 2015.**

<p>*** EFFECTIVE IMMEDIATELY ALL LICENSES ISSUED THROUGH PISCATAWAY TOWNSHIP WILL BE MAILED BACK TO THE REQUESTING ESTABLISHMENT. PLEASE ENSURE THE MAIL TO ADDRESS IS CORRECT OTHERWISE YOU WILL BE CHARGED A DUPLICATION FEE TO HAVE THE LICENSE RE-ISSUED***</p>
