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PISCATAWAY TOWNSHIP CLERK'S OFFICE

2015

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

DAY CARE /NURSERY SCHOOLS LICENSE APPLICATION

NAME: _____ Date _____.

ADDRESS: _____

I hereby apply for License to operate a Day Care/ Nursery School (Store and Serve) 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: \$ 250.00

License # **SP - - 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.**

*** 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***