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2015

PISCATAWAY TOWNSHIP CLERK'S OFFICE

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

MILK DEALER LICENSE APPLICATION

NAME: _____ Date _____.

ADDRESS: _____

I hereby apply for License to operate a Milk Truck 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 Phone: _____.

(If your home phone number is unlisted, please indicate by circling the phone number)

Email Address: _____ No. vehicles: _____

License Plate No. _____ Date Issued _____

Fee : \$ 65.00 per truck

LICENSE FEE NON REFUNDABLE !!!!

License # **MD - - 2015** _____.

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***