

2015

PISCATAWAY TOWNSHIP CLERK'S OFFICE
455 Hoes Lane
Piscataway, New Jersey 08854
732-562-2310
RETAIL FOOD LICENSE APPLICATION

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

Date _____.

I hereby apply for License to operate a retail food establishment in Piscataway, N.J.

Name of Business: _____

Address of 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: _____.

License# **F - - 2015**

Please check appropriate category for total square footage used in the operation of the establishment.

- _____ 1 up to 1000 Sq. Feet \$ 250.00
- _____ 1001 up to 5000 Sq. Feet \$ 325.00
- _____ 5001 up to 10,000 Sq. Feet \$ 390.00
- _____ Over 10,000 Sq. Feet \$ 455.00

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***