

**PLAN REVIEW LICENSE APPLICATION**

**2015**

**You Must Submit**

- **Plan Review Application**
- **A Check For**
- **\$ 225.00**
- **Plans**
- **Equipment Specs**
- **Menu**

Date of application: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby apply for a License to \_\_\_\_\_

In the event such License is grant, 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.

SIGNED: \_\_\_\_\_

P O BOX/ADDRESS : \_\_\_\_\_

Bus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Fee: \$ 225.00** \_\_\_\_\_.

Is applicant an Individual, Partnership or Corporation: \_\_\_\_\_

If applicant is a Corporation, give address of the corporate and the name of the person in charge (REGISTERED AGENT)

If applicant is a Corporation, give name and home address of all Officers of the Corporation and Date Incorporated:

**\*\*\* APPLICATION MUST BE COMPLETE IN FULL AND SIGNED OR IT WILL BE RETURNED.**

**LICENSE FEE NON REFUNDABLE !!!!**

PISCATAWAY  
TOWNSHIP CLERK'S OFFICE  
455 HOES LANE  
PISCATAWAY, NJ 08854  
732-562-2310

Office Use Only	
Rec. _____	Date received _____
Issued _____	Receipt # _____
Hold _____, Sent _____	Ck # _____