

2015

PISCATAWAY TOWNSHIP CLERK'S OFFICE

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

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

**SEPTIC CLEAN OUT LICENSE APPLICATION**

Date of Application: \_\_\_\_\_

NAME: Russell Reid Waste Hauling & Disposal Services Company

ADDRESS: 200 Smith Street, Keasbey, NJ 08832

I hereby apply for License to operate a Septic Clean Out Truck in Piscataway, N.J.

LOCATION: Piscataway Area

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 : \$25.00 per truck  
License # **SCO - - 2015** .

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

No. vehicles: \_\_\_\_\_ License Plate No. \_\_\_\_\_

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 \$95.00 **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\*\*\*

Russell Reid Waste Hauling  
& Disposal Services Company  
200 Smith Street  
Keasbey, NJ 08823