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PISCATAWAY TOWNSHIP CLERK'S OFFICE

**2015**

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

**SWIMMING POOL/SPA LICENSE APPLICATION**

I hereby apply for License to operate a Swimming Pool/Spa in Piscataway, N.J.

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

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

LOCATION OF POOL: \_\_\_\_\_

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# **P - - 2015**

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

**(\$ 325.00 SEASONAL OR \$ 500.00 YEAR AROUND)**

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**. Also, Certified Pool Operator/Pool Operator – Provide current proof of Laboratory testing pool water on weekly basis and name of the laboratory.

\*\*\* 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\*\*\*