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2017

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

RETAIL FOOD LICENSE APPLICATION

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 - - 2017**.

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, 2016 will result in a late fee of $120.00 **per month, effective January 1, 2017.**

*** 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***