

Office Use Only

Date received \_\_\_\_\_  
Issued \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Hold \_\_\_\_\_  
Ck # \_\_\_\_\_

**ALL YEAR**

PISCATAWAY TOWNSHIP CLERK'S OFFICE

**2020**

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 - - 2020**  
**LICENSE FEE NON REFUNDABLE!!!!**

**(\$ 500.00 YEAR AROUND)**

If there is a Pool Management Company, please completed the below:

Company Name: \_\_\_\_\_ Contact Person \_\_\_\_\_

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: \_\_\_\_\_

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**) \_\_\_\_\_

All Year Swimming Pools and Spas, Application must be completed in full and signed or it will be returned. Failure to remit application and fee by December 31, 2019 will result in a late fee of **\$ 120.00 per month, effective January 1, 2020**. Also, provide a copy of the Pool Operator Certificate and the latest CB-20 Form.

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

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**SEASONAL**

PISCATAWAY TOWNSHIP CLERK'S OFFICE

**2020**

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732-562-2310

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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 - - 2020**  
**LICENSE FEE NON REFUNDABLE!!!!**

**(\$ 325.00 SEASONAL)**

If there is a Pool Management Company, please completed the below:

Company Name: \_\_\_\_\_ Contact Person \_\_\_\_\_

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: \_\_\_\_\_

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**) \_\_\_\_\_

Seasonal, Swimming Pools and Spas, Application must be completed in full and signed or it will be returned. Please remit application and fee by May 1, 2020. Also, provide a copy of the Pool Operator Certificate and the latest CB-20 Form.

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