

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

Application for Retail Food License (Piscataway Township Schools)

I (or we), the undersigned, do hereby make application for a license to operate a retail food establishment in the Township of Piscataway, and in the event such license is granted, I (we) agree to abide by all the provisions, rules, and regulations of the Middlesex County Health Department and the sanitary code of Piscataway Township:

Name of establishment	Establishment physical address
	\$250 fee per location
Establishment phone number	
Corporation	Contact Information (if applicable)
Name of Corporation	Contact person for Corporation
Corporation mailing address	Corporation phone number
Conta	act information for Renewals
Contact name	Contact email address
\$120.00 p ALL licenses expi	ation with fee by December 17 th will result in a late fee of per month – effective January 1 st . re on December 31 st of the license year. ISE FEE IS NON REFUNDABLE
Date received: Payment Method: Receipt number:	Office Use Only License Number: <u>SP 2022</u> Check/MO number: Processed by: