



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

Application for Plan Review

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:

You must submit ALL the following items or application will be DENIED: plans, menu, equipment specs, \$200 fee, and completed application.

Name of business

Business address

Business phone number

\$200
License fee

Manager name

Manager phone number

Corporation Contact Information (if applicable)

Name of Corporation

Contact person for Corporation

Corporation mailing address

Corporation phone number

Checklist

- Complete application
- Plans
- Menu
- Equipment Specifications
- \$200 fee

APPLICATION FEE IS NON REFUNDABLE

Office Use Only

Date received: _____

Payment Method: _____

Receipt number: _____

Check/MO number: _____

Processed by: _____