



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

**Application for Beauty & Barber License**

I (or we), the undersigned, do hereby make application for a license to operate a beauty/barber 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

\_\_\_\_\_  
Establishment phone number

**\$35 application fee**

\_\_\_\_\_  
Manager name

\_\_\_\_\_  
Manager phone number

**Corporation Contact Information (if applicable)**

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Contact person for Corporation

\_\_\_\_\_  
Corporation mailing address

\_\_\_\_\_  
Corporation phone number

**Contact information for Renewals**

\_\_\_\_\_  
Contact name

\_\_\_\_\_  
Contact email address

**Emergency contact for after hours (list at least 1 in addition to manager)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

Failure to return both completed applications with fee by December 17<sup>th</sup> will result in a late fee of \$120.00 per month – effective January 1<sup>st</sup>.

ALL licenses expire on December 31<sup>st</sup> of the license year.

LICENSE FEE IS NON REFUNDABLE

Office Use Only

Date received: \_\_\_\_\_

License Number: BB - \_\_\_\_\_ - 2022

Payment Method: \_\_\_\_\_

Check/MO number: \_\_\_\_\_

Receipt number: \_\_\_\_\_

Processed by: \_\_\_\_\_