

SOUTH PLAINFIELD HEALTH DEPARTMENT
2480 Plainfield Avenue, South Plainfield, NJ 07080

BUSINESS ESTABLISHMENT LICENSE APPLICATION

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT TELEPHONE NUMBER: _____

FAX NUMBER: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER TELEPHONE NUMBER: _____

MANDATORY EMAIL: _____

NON-REFUNDABLE APPLICATION FEE

<u>LICENSE TYPE</u>		<u>AMOUNT</u>
PETSHOP	\$ 100.00	_____
ANIMAL HOSPITAL	\$ 100.00	_____
BEAUTY SHOP/NAIL SALON	\$ 75.00	_____
BARBER SHOP	\$ 75.00	_____
SPA/TANNING SALON	\$ 75.00	_____
SPA/MASSAGE PARLOR	\$5,000.00	_____
TATTOO PARLOR	\$1,000.00	_____
LATE PENALTY	\$ 50.00 PER MONTH AFTER MARCH 31ST	_____

TOTAL AMOUNT: _____

NOTE: Application is to be completed and returned with a check payable to the "South Plainfield Health Department" by March 31st otherwise a \$50.00 PER MONTH late fee will be incurred.

FOR OFFICE USE ONLY:

LICENSE # _____ DATE ISSUED: _____

METHOD OF PAYMENT: CASH \$ _____ CHECK \$ _____ CHECK NUMBER _____