



Somerset County Department of Health
 27 Warren Street, Somerville, NJ 08876
 P.O. Box 3000
 Phone (908) 231-7155 | Fax (908) 704-8042



Childcare / Nursery School License Application

Please submit all applications and payments online at: <https://boundbrook-nj.org/permits-and-forms/>
 Check online for application fee amounts.

New Application

Renewal

Business Name: _____

Date: _____

Business Address: _____

Phone #: _____

Email Address: _____

Business Owner Name: _____

Address: _____

Phone #: _____

Emergency Phone #: _____ *(to be used in case of an after-hours emergency)*

Director / Person-In-Charge: _____

Hours of Operation: _____

NJ State License Number: _____

Expiration: _____

Is Food Service Provided? If yes, specify name & address of licensed provider:

- Yes
- No

Name of licensed provider

Address of licensed provider

The undersigned hereby applies for a license for the purpose shown above under terms and conditions of all local and state ordinances/statutes of the State of New Jersey.

Authorized Signature: _____

Title: _____