



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 make all checks payable to Borough of South Bound Brook Board of Health and mail to:  
**2 Main St, Suite 101, South Bound Brook, NJ 08880.**

Please see below for fee amounts.

**New Application**

**Renewal**

Business Name: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

Director / Person-In-Charge: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

NJ State License Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

<p><i>For Official Use Only</i></p> <p>License #: _____</p> <p>Fee Submitted: _____</p>
---

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

- Yes
- No

\_\_\_\_\_  
 Name of licensed provider

\_\_\_\_\_  
 Address of licensed provider

**Fees:**

Prepares Food - \$150

Does Not Prepare Food - \$50

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: \_\_\_\_\_