



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 North Plainfield Borough ATTN: Health Office and mail to: 263 Somerset St, North Plainfield, NJ 07060.

Please see below for fee amount.

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: _____

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

Yes

No

 Name of licensed provider

 Address of licensed provider

Fee:

Annual fee – \$100

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: _____