



MAPLEWOOD HEALTH DEPARTMENT APPLICATION FOR A 2022 CHILD CARE BUSINESS LICENSE

The undersigned do hereby apply for a license to operate a Child Care business in the Township of Maplewood. I/We agree to abide by the regulations and ordinances of the Township and the State of NJ.

Name of Business: _____

Address: _____

Telephone: _____

Business Owner: _____

President/Manager (if applicable): _____

Address: _____

Telephone: _____ **Email:** _____

Name of Building Owner (if different): _____

Address: _____

Telephone: _____ **Email:** _____

Emergency Contact (Name & phone): _____

Signature of Applicant: _____ **Date** _____

Annual Fee: \$150 **Make Check Payable to:** Township of Maplewood

Mail to: Maplewood Health Department, 574 Valley Street, Maplewood, NJ 07040

Please provide a copy of your Child Care Center license from the NJ Department of Children & Families.

For Office Use Only

Paid CASH CHECK # _____ Date: _____ Amount: _____ TOS # _____

License # _____ Issued: _____ Date of last inspection: _____

SATISFACTORY CONDITIONAL UNSATISFACTORY