



HEALTH CLUB LICENSE APPLICATION

Fee \$75.00

License for the period ending December 31, _____

Business Name: _____

Business Address: _____

Business Email Address: _____

Business Phone: _____ **Other:** _____

OWNERSHIP: (check one) Individual ___ Partnership ___ Corporation ___ Municipal ___

Name: _____ Phone# _____

Home Address: _____ Town/State/Zip _____

REGULAR BUSINESS DAYS & HOURS: _____

UTILITIES: Municipal Water ___ Well Water ___ Septic System ___ or Municipal Sewer: ___

List any food or vending machines at this establishment: _____

CERTIFICATION:

I certify that I have personally examined and am familiar with all the information contained in this license application including any attachments. I further certify that if any of the information or statements that I have supplied are willfully false, inaccurate, or incomplete that I am subject to the revocation of license.

Signature of Owner/Manager: _____

Title: _____ Date: _____

Please make check or money order payable to ROCKAWAY BOROUGH and mail to:

**ROCKAWAY BOROUGH
1 EAST MAIN STREET
ROCKAWAY, NJ 07866**

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FOR AGENCY USE ONLY

Amount Received: _____ Check# _____ Cash _____

Date: _____ License Number: _____