

**DRY CLEANERS
ANNUAL PERMIT APPLICATION**

Please make check payable to: Borough of New Providence
In the amount of: \$58.00

A late fee of \$53.00 per month will be charged if not paid by January 31, 2026

Please print clearly and complete in its entirety

Name of Establishment: _____

Address: _____

Phone: _____ Fax: _____

Business Owner: _____

Home Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Email: _____

Contact Person: _____

Phone: _____

Email: _____

Applicant's Signature

Date

All Permits expire December 31st of the licensing year