



**West New York Health Department**

428 - 60th Street, Room 30  
West New York, N.J. 07093  
(201) 295-5070 Fax (201) 295-0769

Felix Roque, M.D.  
Mayor

Vincent A. Rivelli, M.S.  
Health Officer

Maria Alvarez  
Registrar of Vital Statistics

**FOOD RETAIL LICENSE**

Date: \_\_\_\_\_ Yr: \_\_\_\_\_ License # \_\_\_\_\_

Your current license expires June 1<sup>st</sup> of every Fiscal year

Application for: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_

Applicant's Address \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Individual \_\_\_\_\_ Firm \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership

If partnership: Name of Partners and Address

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If Corporation Name, Title

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Registered Agent of Corporation

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

FEE: \$ 225.00

\_\_\_\_\_  
Signature of Applicant

Y

N

**MAKE PAYMENT BY MONEY ORDER ONLY:**

PAYMENT PAYABLE TO: WNY HEALTH DEPARTMENT  
428-60<sup>TH</sup> ST. ROOM 30  
WEST NEW YORK, NJ 07093

**MUST SEND COPY OF CERTIFICATE OF OCCUPANCY**