West New York Health Department
428 - 60th Street Room 30
West New York, NJ 07093
(201) 295-5070 Fax (201) 295-0769

Mayor Silverio A. Vega
Director

Vincent R. Rivelli, M.S.
Health Officer

Maria Alvarez
Registrar of Vital Statistics

FOOD RETAIL LICENSE

Date: _____ Year: _____ License # _____

Your current license expires June 1st 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: $_____

_____
Signature of Applicant

PLEASE SEND A COPY OF YOUR CERTIFICATE OF OCCUPANCY

MAKE PAYMENT BY MONEY ORDER OR BANK CERTIFIED CHECK ONLY

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