



DEPARTMENT OF HEALTH
West New York
 428 - 60th Street
 WEST NEW YORK, NEW JERSEY 07093
 Room 31

(201) 295 - 5070

Mayor Silverio A. Vega
 Director

Vincent A. Rivelli, M.S.
 Health Officer

Maria Alvarez
 Registrar of Vital Statistics

Date: _____ FOOD RETAIL LICENSE

Your current license expires June 1st of every fiscal year

LICENSE # _____

Application for: _____

Type of Business: _____

Trade Name: _____ Phone: _____

Address of Business: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

Individual, Firm, or Corporation _____

If Partnership: Name of Partners and Addresses

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

If Corporation: Name, Title of Officers, and Home Address

Name: _____ Title: _____

Address: _____ Phone: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Registered Agent of Corporation

Name: _____ Phone: _____

Address: _____

 Signature of Applicant

Fee \$ _____

Payment must be made by check or money order. Send payment to:

West New York Health Department
 428-60th Street Room 31
 West New York, NJ 07093