



West New York Health Department

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Felix Roque, M.D.
Mayor

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Health Officer

Maria Alvarez
Registrar of Vital Statistics

APPLICATION TO CONDUCT PREMISES FOR CLOTHES
WASHING & DRYING MACHINES

Date: _____

20____
Number _____

Trade Name: _____

Location of premises: _____

Business telephone: (____) _____

Source of hot water type & make of boiler: _____

Capacity of storage tank: _____

If Corporation, list names, title & residences of officer.

If Partnership, list names & residences of each:

Person to contact for EMERGENCIES: _____

Address and telephone: _____

Number of Washing Machines @ \$30.00 per machine \$ _____

Number of Drying Machines @ \$30.00 per machine \$ _____

Total Machines _____

Total Fee \$ _____

MAKE PAYMENT BY MONEY ORDER ONLY:

PAYMENT PAYABLE TO: WNY HEALTH DEPARTMENT
MUST SEND COPY OF CERTIFICATE OF OCCUPANCY

Declaration of Application:

1. Premises will be supervised by a responsible attendant familiar with equipment when the premises are open between 10:00pm and 7:00am.
2. Water temperatures of 150F within each machine will be provided.
3. Entire premises will be visible from street.

Signature of Applicant

Title