



West New York Health Department

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

FiorD'Aliza Frias /
Commissioner

Vincent A. Rivelli, M.S.
Health Officer

Maria Alvarez
Registrar of Vital Statistics

MOBILE OR STREET FOOD VENDORS

Date: _____

License:# _____

Type of Business: _____

Trade Name: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

Give three (3) Locations in order of preference:

1. _____

2. _____

3. _____

Proof of Insurance:

Individual, Firm or Corporation

Name _____ Phone: _____

Address: _____

Registered Agent of Corporation

Name: _____ Phone: _____

Address: _____

FEE : \$275.00

Signature of Applicant

Payment must be by MONEY ORDER or CERTIFIED BANK CHECK ONLY

Send Payment to: West New York Health Department
428 - 60th Street Room 30
West New York, NJ 07093