



**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

**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

**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 DRIVER'S LICENSE & 2 PASSPORT PICTURES**