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

PET SHOP

Date: _____ Yr:_____ License #_____

Your current license expires June 1st of every Fiscal year

Application for:_____
Type of Business:_____
Trade Name:_____Phone#_____
Adress 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 $75.00

_____
Signature of Applicant

PLEASE SEND A COPY OF YOUR CERTIFICATE OF OCCUPANCY

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