



West New York Health Department

428 - 60th Street, Room 30
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Felix Roque, M.D.
Mayor

Vincent A. Rivelli, M.S.
Health Officer

Maria Alvarez
Registrar of Vital Statistics

VENDORS AGENTS

LICENSE# _____

Date: _____

TRADE NAME: _____

ADDRESS: _____

PRINCIPLE'S NAME: _____

AGENT(S) NAME: _____

ADDRESS: _____

TELEPHONE: _____

AGENT(S) NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE OF APPLICANT: _____

FEE: \$75.00

MAKE PAYMENT BY MONEY ORDER ONLY:

PAYMENT PAYABLE TO: WNY HEALTH DEPARTMENT
428-60TH ST. ROOM 30
WEST NEW YORK, NJ 07093

MUST SEND COPY OF DRIVER'S LICENSE & 2 PASSPORT PICTURES