



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

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 \$ _____

**PAYMENT PAYABLE TO: WNY HEALTH DEPARTMENT
MUST BE PAID BY MONEY ORDER OR CERTIFIED BANK CHECK ONLY**

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