



**West New York Health Department**

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

Mayor Silverio A. Vega  
Director

Vincent R. 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 @ \$15.00 per machine \$ \_\_\_\_\_

Number of Drying Machines @ \$15.00 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