



West New York Health Department

428 – 60th Street, Room 30
West New York, N.J. 07093
(201) 295-5070 Fax (201) 295-0769

Gabriel Rodriguez
Commissioner of Revenue & Finance

Janet Castro
Health Officer

Maria Alvarez
Registrar of Vital Statistics

FOOD RETAIL LICENSE

Your Current License Expires JAN 1st Of Every Fiscal Year

Date: _____

Type of Business: _____

Trade Name: _____ Tel. # _____

Address of Business: _____

Applicant's Name: _____

Applicant's Address: _____

_____ Individual _____ Firm _____ Corporation _____ Partnership

If Partnership: Name (s) and Title (s)

Name: _____ Address _____ Tel. # _____

Name: _____ Address _____ Tel. # _____

If Corporation: Name (s) and Title (s)

Name: _____ Address _____ Tel. # _____

Name: _____ Address _____ Tel. # _____

Registered Agent of Corporation

Name: _____ Address _____ Tel. # _____

Applicant's Signature

Certificate of Occupancy

Food Handler or Manager Certificate

Business Registration

EIN (Employee Identification Number) or Tax ID

Money Order: \$225.00 Payable to West New York Health Department

Kitchen floor plans for new or remodeled business

Date Received: _____

Received By: _____

Money Order #: _____



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If Corporation: Name (s) and Title (s)

Name: _____ Address _____ Tel. # _____

Name: _____ Address _____ Tel. # _____

Registered Agent of Corporation

Name: _____ Address _____ Tel. # _____

Applicant's Signature

Certificate of Occupancy

Food Handler or Manager Certificate

Business Registration

EIN (Employee Identification Number) or Tax ID

Date Received: _____

Money Order: \$175.00 Payable to West New York Health Department

Received By: _____

Kitchen floor plans for new or remodeled business

Money Order #: _____



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Name: _____ Address _____ Tel. # _____

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Name: _____ Address _____ Tel. # _____

Applicant's Signature

Certificate of Occupancy

Food Handler or Manager Certificate

Business Registration

EIN (Employee Identification Number) or Tax ID

Money Order: \$125.00 Payable to West New York Health Department

Kitchen floor plans for new or remodeled business

Date Received: _____

Received By: _____

Money Order #: _____