



West New York Health Department

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

Cosmo A. Cirillo
Commissioner

Dr. Gina Miranda-Diaz, DNP, MPH, RN
Director & Health Officer

Maria Alvarez
Registrar of Vital Statistics

FOOD RETAIL LICENSE

Date: _____

Yr: _____ License # _____

Your Current License Expires **June 1st** Of Every Fiscal Year

Application For: _____

Type Of Business: _____

Trade Name: _____ Tel. # _____

Address Of Business: _____

Applicant's Name: _____

Applicant's Address: _____ Tel. # _____

_____ Individual _____ Firm _____ Corporation _____ Partnership

If Partnership: Name Of Partner (s) And Address

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

PLEASE SEND A COPY OF YOUR CERTIFICATE OF OCCUPANCY

Fee: \$ 125.00

Only Money Orders Will Be Accepted

Payable To: West New York Health Department



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Name _____ Address _____ Tel. # _____

If Corporation Name (s) And Title (s)

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Name _____ Address _____ Tel. # _____

Registered Agent Of Corporation

Name _____ Address _____ Tel. # _____

Applicant's Signature

PLEASE SEND A COPY OF YOUR CERTIFICATE OF OCCUPANCY

Fee: \$ 225.00

Only Money Orders Will Be Accepted

Payable To: West New York Health Department