



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

HEALTH CLUBS

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 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: \$275.00

Date Received: _____

Only Money Orders Will Be Accepted

Received By: _____

Payable To: West New York Health Department

Money Order #: _____