



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

APPLICATION FOR WASHING & DRYING MACHINES

Your Current License Expires JAN 1st Of Every Fiscal Year

Date: _____

Trade Name: _____

Location Of Premises: _____

Business Telephone: (____) _____

Source Of Hot Water Type & Make Of Boiler: _____

Capacity Of Storage Tank: _____

If Corporation, List Names, Title (s) & Residences Of Officer. If Partnership, List Names & Residences Of Each:

Person To Contact In Case Of EMERGENCIES: _____

Address And Telephone #: _____

Number Of Washing Machines @ \$ 30.00 Per Machine X _____ \$ _____

Number Of Drying Machines @ \$ 30.00 Per Machine X _____ \$ _____

Total # Machines _____

Total Fee \$ _____

Applicant's Signature

MUST SEND COPY OF CERTIFICATE OF OCCUPANCY

Only Money Orders Will Be Accepted

Payable To: West New York Health Department

Date Received: _____

Received By: _____

Money Order #: _____