



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

MOBILE OR STREET FOOD VENDOR’S LICENSE

Two (2) Passport Pictures & Copy Of Driver’s License

Date: _____

Application For: _____

Type Of Business: _____

Trade Name: _____

Applicant's Name: _____

Applicant's Address: _____

Give Three (3) Locations In Order Of Preference Where Your Mobile Will Be Parked:

1. _____

2. _____

3. _____

Name And Address Of Insurance:

Individual, Firm Or Corporation

Name: _____ Tel. # (_____) _____

Address: _____

Name: _____ Tel. # (_____) _____

Address: _____

Registered Agent Of Corporation:

Name: _____ Tel. # (_____) _____

Address: _____

FEE \$ 275.00

Only Money Orders Will Be Accepted
Payable To: West New York Health Department

Applicant’s Signature