



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

PET SHOPS

Your Current License Expires Jan 1st Of Every Fiscal Year

Date: _____

Type Of Business: _____

Trade Name: _____

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 (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: \$ 75.00

Only Money Orders Will Be Accepted

Payable To: West New York Health Department

Date Received: _____

Received By: _____

Money Order #: _____