



West New York Health Department

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Cosmo A. Cirillo
Commissioner

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

Maria Alvarez
Registrar of Vital Statistics

VENDOR'S AGENTS

Date: _____

Yr: _____ License # _____

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

Trade Name: _____

Address: _____

Principle's Name: _____

Agent (s) Name: _____

Address: _____

Telephone #: _____

Agent (s) Name: _____

Address: _____

Telephone #: _____

Applicant's Signature

Fee: \$ 50.00

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