



## West New York Health Department

428 – 60<sup>th</sup> 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

### VENDOR'S AGENTS

Your Current License Expires JAN 1<sup>st</sup> Of Every Fiscal Year

Date: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_

Principle's Name: \_\_\_\_\_

Agent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Agent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

The following documents are required:

- Application
- 2 Passport Photos
- ID
- Money Order for \$75.00 payable to West New York Health Department
- Food Safety Certificate

### **MUST SEND COPY OF CERTIFICATE OF OCCUPANCY**

All of the above requirements are in accordance with  
Chapter 254 of the West New York Ordinance No. 32/95  
And **MUST** be completed in order for the mobile vendor  
License to be renewed

\_\_\_\_\_  
Applicant's Signature

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Money Order \_\_\_\_\_