



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

VENDOR'S APPLICATION

Your Current License Expires JAN 1st 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
- EIN #
- 2 Passport Photos
- Business Certificate
- ID
- Auto Insurance
- Registration
- Liability / property insurance (\$500,000 / \$25,000)
- Money Order for \$275.00 payable to West New York Health Department
- Food Safety Certificate

MUST SEND COPY OF CERTIFICATE OF OCCUPANCY

Applicant's Signature

Date Received: _____

Received By: _____

Money Order _____

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