

MAYOR
ALBIO SIRES | PUBLIC SAFETY

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MARCOS A. ARROYO | PUBLIC WORKS

CODE ENFORCMENT/BUILDING DEPARTMENT

THOMAS O'MALLEY | CONSTRUCTION OFFICIAL
TOMOMALLEY@WESTNEWYORKNJ.ORG
O. 201.295.5170

TOWN OF WEST NEW YORK
COUNTY OF HUDSON, NEW JERSEY



MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093
(201).295.5100

OFFICE LOCATIONS
PUBLIC LIBRARY 425-60th STREET
(201).295.5135
SENIOR CENTER 515-54th STREET
(201).295.5162/5144
FIRE PREVENTION 6015 TYLER PLACE
(201).295.5220
PUBLIC WORKS 6300 BROADWAY
(201).295.5230/5231
PARKING SERVICES 224-60th STREET
(201).295.1575
WEST NEW YORK, NEW JERSEY 07093

BUSINESS CERTIFICATE

FEE: \$350.00 PAYABLE TO TOWN OF WEST NEW YORK

Today's Date: _____ Anticipated Opening Date: _____

PROPERTY ADDRESS: _____ **FLOOR:** _____ **UNIT:** _____

Property Currently Used As: _____

Is Property Vacant: (YES or NO) PROVIDE CURRENT PHOTO OF STOREFRONT: _____

PROPERTY OWNER INFORMATION:

(LLCs. Must Include Actual Name of Manager/Principal or application will be rejected)

PROPERTY OWNER NAME: _____

Address: _____ **EMAIL:** _____

Telephone Number: H: _____ C: _____

BUSINESS OWNER INFORMATION:

(LLCs. Must Include Actual Name of Manager/Principal or application will be rejected)

Business Owner's Name: _____

Business Owner Home Address: _____

Telephone Number of Business Owner: _____ **EMAIL:** _____

TYPE OF BUSINESS: _____

NAME OF BUSINESS: _____

***APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES AND BE NOTARIZED**

Applicant's Signature

SWORN TO AND SUBSCRIBED TO
BEFORE ME ON THIS _____ DAY
OF _____, 202

Applicant's Name (PRINT)

**PLEASE NOTE THAT YOUR BUSINESS MUST BE READY TO OPEN INCLUDING PRIOR SIGN
REMOVAL AND/OR NEW SIGN REPLACEMENT PRIOR TO INSPECTION AND THERE IS \$50.00
REINSPECTION FEE FOR EACH ADDITIONAL INSPECTION.**

The Town of West New York is proud to be a drug free workplace and an equal opportunity employer.

BUSINESS CERTIFICATE 6-21-2023



www.westnewyorknj.org

#WEAREWNY



OFFICE USE ONLY

BUSINESS CERTIFICATE CHECKLIST

ADDRESS: _____

- _____ BOARD OF HEALTH; preliminary inspection
- _____ BUILDING INSPECTIONS; all final inspections on any permits have been completed/file closed out (Administrative)
- _____ EGRESS; free and clear
- _____ EXIT DOORS; free of pad locks/key locks
- _____ HANDRAILS; required on all stairs with 3 or more risers (steps plus landing) including exterior stairs
- _____ LOCKS; No keyed locks on any interior doors
- _____ NFPA REPORT;
- _____ SEATING; number if allowable (Administrative - Check former CO)
- _____ SIGNAGE; (provide picture) BEFORE AND AFTER (inspector to provide AFTER)
- _____ SMOKE/CO DETECTOR AFFIDAVIT (submitted with application)
- _____ TRASH/RUBBISH; no accumulation inside or outside
- _____ VIOLATIONS AND/OR PERMITS BUILDING CODE
- _____ PROP. MAINTENANCE; no outstanding violations
- _____ WINDOWS: operable and no broken or cracked glass; NOT COVERED

MISCELLANEOUS: _____

RESULTS

Initial Inspection Date: _____ Inspector: _____ Re-inspection Date: _____ Inspector: _____

Inspection Results: P or F Signature: _____