

MAYOR  
ALBIO SIRES | PUBLIC SAFETY

COMMISSIONERS  
ADAM W. PARKINSON | REVENUE & FINANCE  
VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY  
MARIELKA A. DIAZ | PUBLIC AFFAIRS  
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**  
428-60<sup>th</sup> STREET  
WEST NEW YORK, NEW JERSEY 07093  
(201).295.5100

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

**APPLICATION FOR CONTRACTOR'S LICENSE  
REGISTRATION WITH THE TOWN OF WEST NEW  
YORK**

**PAYMENT OF \$150.00 PAYABLE TO THE TOWN OF WEST NEW YORK**

I \_\_\_\_\_ hereby acknowledge that I have fully read  
(PRINT NAME CLEARLY) this application and state that the information is correct  
and agree to comply with all of the Town's Ordinances

\_\_\_\_\_  
Print Name Signature

Fed I.D. Number: \_\_\_\_\_

Contractor/Company Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

Company Phone No.: \_\_\_\_\_

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

Classification Under Which Registration Is Requested: (Check One)

- General: \_\_\_\_\_
- Sign: \_\_\_\_\_
- Miscellaneous: \_\_\_\_\_
- Roofing/Siding: \_\_\_\_\_
- Demolition: \_\_\_\_\_
- Fire Alarms: \_\_\_\_\_

SEE PAGE TWO (OVER)

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

Contractors License 6-21-23



[www.westnewyorknj.org](http://www.westnewyorknj.org)

#WEAREWNY



**INSURANCE CARRIER MUST BE LOCATED IN THE STATE OF NEW JERSEY**

INSURANCE INFORMATION:

Name of Insurance Company: \_\_\_\_\_

Name of company writing the insurance (the carrier): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

An ORIGINAL Certificate of Insurance naming THE TOWN OF WEST NEW YORK AS A CERTIFICATE HOLDER. Please be advised that only original certificates will be accepted. If it is faxed, it must be faxed from the insurance company and the original to follow. Furthermore, should your insurance information/company change, it is your responsibility to forward any and all pertinent information to this department.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. IT MUST CONTAIN ORIGINAL SIGNATURES AND THE FEE OF \$150.00 MUST BE PAID AT THE TIME YOU SUBMIT THIS APPLICATION. CASHIER'S CHECK OR MONEY ORDER ONLY PAYABLE TO THE TOWN OF WEST NEW YORK. **NO PERSONAL OR COMPANY CHECKS WILL BE ACCEPTED.**

DATE ISSUED: \_\_\_\_\_

LICENSE NUMBER ISSUED: \_\_\_\_\_

AMOUNT COLLECTED: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_