

MAYOR
ALBIO SIRES | PUBLIC SAFETY
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MARIELKA A. DIAZ | PUBLIC AFFAIRS
MARCOS A. ARROYO | PUBLIC WORKS

DEPARTMENT OF HEALTH
ANNARELLY MCNAIR | DIRECTOR & HEALTH OFFICER

TOWN OF WEST NEW YORK

COUNTY OF HUDSON, NEW JERSEY



MUNICIPAL BUILDING

428-60th STREET
 WEST NEW YORK, NEW JERSEY 07093
 o. (201).295.5070
 f. (201).295.0769

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

West New York Business License Application

New Business <input type="checkbox"/>	Change in Ownership/ Business Entity <input type="checkbox"/>	Renewal <input type="checkbox"/>	Mobile Vendor <input type="checkbox"/>	Type of Business:		
Business Entity Type:	Sole Proprietor <input type="checkbox"/>	S Corp <input type="checkbox"/>	Publicly Traded Corp. <input type="checkbox"/>	Association <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Liability Partnership <input type="checkbox"/>
Limited Liability Company	Government Entity			Other		
License Holder:						
Corporate/Entity Name:		Corporate/Entity Telephone:		Federal Tax Identification Number		
Corporate/Entity Address: Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #, City, State, and Zip Code				State of Incorporation or Formation		
Trade Name:			Business Telephone:	Fax:		
FOR MOBILE VENDORS ONLY: GIVE LOCATION						
Mailing Address: Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #, City, State, and Zip Code						
Describe in Detail the Nature of Your Business. Include Product Sold, Labor Performed and/or Services Rendered.						
List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.						
Last, First MI:		Residence Address (Street)		SSN:	Date of Birth	
Title	Percent Owned	City, State, Zip			Residence Telephone	
Last, First, MI:		Residence Address (Street)		SSN:	Date of Birth	
Title	Percent Owned	City, State, Zip			Residence Telephone	

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



Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip		SSN:	Residence Telephone
Opening Date			Number of Employees		
Prior Arrests/ Conviction		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Why	Location of Arrest/ Conviction
Attorney:			Phone:		
Address (Street)		City	State	Zip Code	
Insurance Company:		Contact	Phone		
I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. **Signatures must be original and that of a responsible party. If a general partnership or joint venture, more than one signature is required. Legal signatures include: sole proprietor-owner, corporate office and managing member.					
** Signature Responsible Party/ Original			Print Name and Title		Date
** Signature Responsible Party/ Original			Print Name and Title		Date

ORIGINAL SIGNATURES REQUIRED BY AGENCIES-KEEP COPY FOR YOUR RECORDS

REQUIREMENTS FOR LICENSES

- ✓ State License (s) requirements to provide service (**Nails, Salons, etc.**)
- ✓ Employer Identification Number (EIN) or Tax ID-Copy of Card
- ✓ Insurance (Product Liability) **DECLARATION OF INSURANCE**
- ✓ Food Handler Certificate (Risk 2) **OR** Food Protection Manager Certificate (Risk 3-4)
- ✓ Certificate of Occupancy (**From Building Dept.) ROOM 27**
- ✓ Fire Prevention Certificate of Inspection (**Fire Prevention Office**) 6015 Tyler Pl. Tel. 201-295-5220
- ✓ Floor Plans for New Stores and Reconstruction of Food Prep Areas to Health and Building Department (**ONLY FOR NEW BUSINESS**)

FEES:

FOOD RETAILS: \$125. / \$175. / \$225.

PET SHOP: \$75.

BEAUTY SALON: SHOP \$75. INDIVIDUAL: \$50.

LAUNDRY MATS: \$30. Per Machine

POOLS: \$250.

HEALTH CLUBS: \$275.

VENDOR: \$275.

AGENT: \$75.

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