

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 ENFORCEMENT/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) 295.6135
 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.



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: _____

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COUNTY OF HUDSON, NEW JERSEY



MUNICIPAL BUILDING
428-60th STREET, Office No. 27
WEST NEW YORK, NEW JERSEY 07093
(201).295.5100

INTERDEPARTMENTAL BUSINESS OPENING REVIEW

DATE: _____

BUSINESS ADDRESS: _____

BUSINESS NAME: _____

BUSINESS TYPE: _____

ANTICIPATED OPENING DATE:

THE ABOVE APPLICANT HAS MET WITH THE WNY BOARD OF HEALTH, THE WNY FIRE PREVENTION OFFICE AND THE WNY PD/ABC DIVISION TO ACQUIRE THEIR REQUIREMENTS FOR OPENING SAID BUSINESS. BASED UPON THE INFORMATION PROVIDED TO THESE DEPARTMENTS THIS BUSINESS:

() DOES
() DOES NOT
REQUIRE APPROVALS FROM THIS DEPARTMENT

DATE: _____

_____ **WNY BOH AUTHORIZATION**

() DOES
() DOES NOT
REQUIRE APPROVALS FROM THIS DEPARTMENT

DATE: _____

_____ **WNY FIRE PREVENTION DEPT. AUTHORIZATION**

() DOES
() DOES NOT
REQUIRE APPROVALS FROM THIS DEPARTMENT

DATE: _____

_____ **WNY PD/ABC DIVISION AUTHORIZATION**