



West New York Business Health Department
428 60th Street, Room 30
West New York, New Jersey 07093
Office: (201) 295 5070 Fax: (201) 295 0769
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:
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)		Email Address
Title	Percent Owned	City, State, Zip		Residence Telephone
Last, First, MI:		Residence Address (Street)		Email Address
Title	Percent Owned	City, State, Zip		Residence Telephone
Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip		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
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ORIGINAL SIGNATURES REQUIRED BY AGENCIES. KEEP COPY FOR YOUR RECORDS

REQUIREMENTS FOR LICENSES

- ✓ **State License(s) & Picture ID are current for services (e.g., Barbershops, nails and beauty salons).**
- ✓ **EIN or Tax ID: Copy of the official EIN or Tax ID card & LLC Registration**
- ✓ **Certificate of Liability Insurance**
- ✓ **Food Safety Certification: Risk 2: Food Handler Certificate / Risk 3-4: Food Protection Manager Certificate.**
- ✓ **Certificate of Occupancy (CO): Obtain from the Building Department (Room 27, Tel: 201-295-5170).**
- ✓ **Fire Prevention Certificate: Obtain from Fire Prevention Office (Room 24, Tel: 201-295-5220).**
- ✓ **Floor Plans (New Stores/Reconstruction): Submit plans for food prep areas to Health and Building Departments.**
- ✓ **Food Menu (New Businesses): Submit a copy of the menu for review.**

FEES - Money order only - Payable to: WNY HEALTH DEPARTMENT

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

BEAUTY SALON: SHOP \$75

INDIVIDUAL: \$50 POOLS: \$250

VENDOR: \$275

PET SHOP: \$75

LAUNDRY MATS: \$30 Per Machine

HEALTH CLUBS: \$275

AGENT: \$75