



HACKENSACK DEPARTMENT OF HEALTH

215 STATE ST, HACKENSACK, NJ 07601-5582

Phone: 201 646-3965 Fax: 201 646-3989

NOTICE: A health license is valid only if a certificate of occupancy has first been obtained from the Department of Building Housing & Land Use and is currently in effect.

APPLICATION FOR RENEWAL OF A HEALTH LICENSE

Trade Name: _____

Business Address: _____

Business Phone: _____ Fax: _____ Current Lic.No: _____

Email: _____

Owner's Name: _____

(List corporate name if incorporated)

Corporate Officer: _____

(List president if incorporated , if partnership list partners)

Owner's Address: _____

(City)

(State)

(Zip)

Owner's Phone: _____ Owner's Fax: _____

(List corporate telephone if incorporated)

(List corporate fax if incorporated)

Hereby Applies To Operate: _____

(Type of business)

Person Responsible For Operation: _____

(On site manager/operator)

Number of Customer Seats: _____ Building Size: _____

Date

Signature of Applicant

FOR MOBILE FOOD ESTABLISHMENTS ONLY

Truck: _____ License Plate: _____

(Make)

(Year)

(State & Number)

Do Not Write Below This Line

License Number: _____ Issue Date: _____

Approved: _____ Disapproved: _____ Fee: _____