



CITY OF HACKENSACK

Department of Health

215 State Street Hackensack, NJ 07601

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

www.hackensack.org

Notice: A health license is valid only if a certificate of occupancy has been obtained and is currently in effect.

License Application For New Businesses or Change of Ownership

Trade Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Email: _____

Owner's Name: _____

(List corporate or partnership name if corporate or partnership owned)

Corporate Officer: _____

(If corporation list president, if partnership list partners)

Owner's Address: _____

City: _____ State: _____ Zip: _____

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

Hereby applies to operate (describe type of business, food establishments must attach a menu or a detailed description of their proposed operation):

Name of On Site Manager: _____

Building Size Square Feet: _____ Number of Customer Seats: _____

Applicant Signature: _____ Date: _____

-----For Office Use Only – Do Not Write Below This Line-----

Date of Approved Plans On File: _____ Approved By: _____

Approvals:

Health: _____ Zoning: _____ Building: _____

Electrical: _____ Fire: _____ Plumbing: _____

Hazard Level: _____

Fee: _____ Issue Date: _____ License Number: _____ Clerk: _____