CITY OF BAYONNE
Department of Municipal Services
Division of Health
630 Avenue C, Bayonne, New Jersey 07002
Tel. (201) 858-6100 Fax. (201) 858-6111

JAMES M. DAVIS
MAYOR

APPLICATION FOR BAYONNE LICENSE AND NEW OWNERS

ALL LICENSES EXPIRE ON THE LAST DAY OF EACH YEAR AND A NEW LICENSE MUST BE OBTAINED BEFORE JANUARY 31ST OF THE FOLLOWING YEAR. NEW LICENSE(S) MUST BE OBTAINED IMMEDIATELY WHEN OWNERSHIP CHANGES. INFORMATION REQUESTED MUST BE SUBMITTED ALONG WITH YOUR PAYMENT. ANY LICENSE HOLDER NOT RETURNING THE INFORMATION AND/OR PAYMENT WILL NOT BE ISSUED A NEW LICENSE.

DATE: ______________________

NAME OF THE ESTABLISHMENT: __________________________________________

ADDRESS OF THE ESTABLISHMENT: _______________________________________

ESTABLISHMENT TELEPHONE NUMBER: _________________________________

TYPE OF ESTABLISHMENT: _____________________________________________

OWNER’S NAME: ______________________________________________________

OWNER’S ADDRESS: ___________________________________________________

OWNER’S TELEPHONE NUMBER: _________________________________________

EMERGENCY TELEPHONE NUMBER: ______________________________________

MOBILE UNIT LICENSE NUMBER: _______________________________________

A LATE FEE WILL BE IMPOSED ON ANY SUBMITTAL RECEIVED AFTER JANUARY 31ST, OF ANY YEAR.

FOR HEALTH DIVISION USE ONLY

LICENSE NUMBER: __________________

FEE: __________________

MOBILE INSPECTION FIRE DEPT.

DATE: __________________________

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