



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

MOBILE INSPECTION FIRE DEPT. _____

LIC# _____
FEE: _____

DATE: _____