MAYOR
ALBIO SIRES | PUBLIC SAFETY
COMMISSIONERS
ADAM W. PARKINSON | REVENUE & FINANCE
VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY
MARIELKA A. DIAZ | PUBLIC AFFAIRS
MARCOS A. ARROYO | PUBLIC WORKS
CODE ENFORCMENT/BUILDING DEPARTMENT
THOMAS O'MALLEY| CONSTRUCTION OFFICIAL
TOMOMALLEY@WESTNEWYORKNJ.ORG
O. 201.295.5170

TOWN OF WEST NEW YORK
COUNTY OF HUDSON, NEW JERSEY

MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093
(201).295.5100

OFFICE LOCATIONS
PUBLIC LIBRARY 425-60th STREET
(201).295.5135
SENIOR CENTER 515-54th STREET
(201).295.5162/5144
FIRE PREVENTION 6015 TYLER PLACE
(201).295.5220
PUBLIC WORKS 6300 BROADWAY
(201).295.5230/5231
PARKING SERVICES 224-60th STREET
(201).295.1575
WEST NEW YORK, NEW JERSEY 07093

APPLICATION FOR CONTRACTOR'S LICENSE REGISTRATION WITH THE TOWN OF WEST NEW YORK

PAYMENT OF $150.00 PAYABLE TO THE TOWN OF WEST NEW YORK

I _____ hereby acknowledge that I have fully read
(PRINT NAME CLEARLY) this application and state that the information is correct and agree to comply with all of the Town's Ordinances

_____ _____
Print Name Signature

Fed I.D. Number:_____

Contractor/Company Name:_____

Name of Owner:_____

Company Address:_____

Company Phone No.:_____

Email Address:_____

Classification Under Which Registration Is Requested: (Check One)

General: _____
Sign: _____
Miscellaneous: _____
Roofing/Siding: _____
Demolition: _____
Fire Alarms: _____

SEE PAGE TWO (OVER)

INSURANCE CARRIER MUST BE LOCATED IN THE STATE OF NEW JERSEY

INSURANCE INFORMATION:

Name of Insurance Company:_____

Name of company writing the insurance (the carrier):_____

_____

Address:_____

_____

Telephone Number:_____

An ORIGINAL Certificate of Insurance naming THE TOWN OF WEST NEW YORK AS A CERTIFICATE HOLDER. Please be advised that only original certificates will be accepted. If it is faxed, it must be faxed from the insurance company and the original to follow. Furthermore, should your insurance information/company change, it is your responsibility to forward any and all pertinent information to this department.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. IT MUST CONTAIN ORIGINAL SIGNATURES AND THE FEE OF $150.00 MUST BE PAID AT THE TIME YOU SUBMIT THIS APPLICATION. CASHIER'S CHECK OR MONEY ORDER ONLY PAYABLE TO THE TOWN OF WEST NEW YORK. **NO PERSONAL OR COMPANY CHECKS WILL BE ACCEPTED.**

DATE ISSUED:_____

LICENSE NUMBER ISSUED:_____

AMOUNT COLLECTED:_____

ISSUED BY:_____