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

BUSINESS CERTIFICATE

FEE: $350.00 PAYABLE TO TOWN OF WEST NEW YORK

Today's Date:_____ Anticipated Opening Date:_____

PROPERTY ADDRESS:_____ FLOOR: UNIT:_____

Property Currently Used As:_____

Is Property Vacant: (YES or NO) PROVIDE CURRENT PHOTO OF STOREFRONT: _____

PROPERTY OWNER INFORMATION:

(LLCs. Must Include Actual Name of Manager/Principal or application will be rejected)

PROPERTY OWNER NAME:_____

Address:_____ EMAIL:_____

Telephone Number: H:_____ C:_____

BUSINESS OWNER INFORMATION:

(LLCs. Must Include Actual Name of Manager/Principal or application will be rejected)

Business Owner's Name:_____

Business Owner Home Address:_____

_____

Telephone Number of Business Owner:_____ EMAIL:_____

TYPE OF BUSINESS:_____

NAME OF BUSINESS:_____

*APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES AND BE NOTARIZED

_____
Applicant's Signature

_____
Applicant's Name (PRINT)

SWORN TO AND SUBSCRIBED TO
BEFORE ME ON THIS _____ DAY
OF _____, 202

_____

PLEASE NOTE THAT YOUR BUSINESS MUST BE READY TO OPEN INCLUDING PRIOR SIGN REMOVAL AND/OR NEW SIGN REPLACEMENT PRIOR TO INSPECTION AND THERE IS $50.00 REINSPECTION FEE FOR EACH ADDITIONAL INSPECTION.

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REQUIRED DOCUMENTS FOR ANY AND ALL BUSINESS CERTIFICATE APPLICATIONS.

THIS INFORMATION WAS PREVIOUSLY CONVEYED TO YOU IN YOUR ZONING INFORMATION REQUEST.

PLEASE NOTE THIS LIST MAY NOT BE INCLUSIVE ALL REQUIRED DOCUMENTS AS THE REQUIREMENTS ARE ADDRESS AND BUSINESS SPECIFIC. THESE DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION OR SAME SHALL DEEMED INCOMPLETE AND SHALL DELAY THE SCHEDULING OF YOUR INSPECTION AND YOUR ANTICIPATED OPENING DATE.

- YOU MUST SUBMIT AN ARCHITECTURAL PLAN or LETTER (signed, sealed and dated by a NJ licensed architect) SHOWING ALL FIRE PROTECTION, PROPER MEANS OF EGRESS AND THE OCCUPANCY LOAD OF THE BUSINESS STATING THAT THE NUMBER OF EXITS MEET THE CODE PER THE OCCUPANCY LOAD;
- CURRENT NFPA FIRE ALARM REPORT;
- COPY OF YOUR GARBAGE PICK UP CONTRACT; (THE WNY DPW WILL NOT PICK UP YOUR GARBAGE)
- FULL PICTURE OF THE CURRENT STORE FRONT;
- COPY OF ZONING INFORMATION RESPONSE.

PLEASE NOTE:

ANY AND ALL PERMITS FOR ANY WORK CONDUCTED INCLUDING ANY AND ALL CODE MODIFICATIONS MUST BE SECURED **PRIOR** TO ANY CONSTRUCTION. THIS INCLUDES SIGNAGE. ALL BUILDING, ELECTRIC, PLUMBING AND FIRE INSPECTIONS MUST BE COMPLETED AND PASSED.

ONCE THE APPLICATION IS SUBMITTED IN IT'S ENTIRETY, INCLUDING ALL OF THE REQUIRED DOCUMENTS, THE REVIEW PROCESS WILL BEGIN. IF ADDITIONAL DOCUMENTS ARE REQUIRED YOU WILL BE ADVISED OF SAME VIA EMAIL. IF ADDITIONAL DOCUMENTS ARE NOT REQUIRED, YOU WILL BE ADVISED VIA EMAIL OF THE INSPECTION DATE.

BE REMINDED THAT YOU CANNOT MOVE ITEMS INTO THE BUSINESS OR CONDUCT ANY BUSINESS UNTIL SUCH TIME AS ALL CERTIFICATES FROM ALL AGENCIES (CODE ENFORCEMENT, HEALTH DEPARTMENT, ABC, FIRE PREVENTION, ETC.) ARE ISSUED TO YOU. OPERATING WITHOUT A CERTIFCATE IS A VIOLATION OF THE CODE OF THE TOWN OF WEST NEW YORK AND A $1000.00 FINE **PER DAY** SHALL BE ISSUED TO YOU.

ACKNOWLEDGEMENT OF ADVISEMENT:

APPLICANT NAME: _____ **DATE:** _____

APPLICANT SIGNATURE: _____

SWORN TO AND SUBSCRIBED TO
BEFORE ME ON THIS ____ Day OF _____ 202 .

_____

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INTERDEPARTMENTAL BUSINESS OPENING REVIEW

DATE:_____

BUSINESS ADDRESS:_____

BUSINESS NAME:_____

BUSINESS TYPE:_____

ANTICIPATED OPENING DATE:

THE ABOVE APPLICANT HAS MET WITH THE WNY BOARD OF HEALTH, THE WNY FIRE PREVENTION OFFICE AND THE WNY PD/ABC DIVISION TO ACQUIRE THEIR REQUIREMENTS FOR OPENING SAID BUSINESS. BASED UPON THE INFORMATION PROVIDED TO THESE DEPARTMENTS THIS BUSINESS:

( )DOES
( )DOES NOT
REQUIRE APPROVALS FROM THIS DEPARTMENT

DATE:_____ _____
WNY BOH AUTHORIZATION

****

( )DOES
( )DOES NOT
REQUIRE APPROVALS FROM THIS DEPARTMENT

DATE:_____ _____
WNY FIRE PREVENTION DEPT. AUTHORIZATION

****

( )DOES
( )DOES NOT
REQUIRE APPROVALS FROM THIS DEPARTMENT

DATE:_____ _____
WNY PD/ABC DIVISION AUTHORIZATION

OFFICE USE ONLY

BUSINESS CERTIFICATE CHECKLIST

ADDRESS:_____

_____ BOARD OF HEALTH; preliminary inspection

_____ BUILDING INSPECTIONS; all final inspections on any permits have been completed/file closed out (Administrative)

_____ EGRESS; free and clear

_____ EXIT DOORS; free of pad locks/key locks

_____ HANDRAILS; required on all stairs with 3 or more risers (steps plus landing) including exterior stairs

_____ LOCKS; No keyed locks on any interior doors

_____ NFPA REPORT;

_____ SEATING; number if allowable (Administrative - Check former CO)

_____ SIGNAGE; (provide picture) BEFORE AND AFTER (inspector to provide AFTER)

_____ SMOKE/CO DETECTOR AFFIDAVIT (submitted with application)

_____ TRASH/RUBBISH; no accumulation inside or outside

_____ VIOLATIONS AND/OR PERMITS BUILDING CODE

_____ PROP. MAINTENANCE; no outstanding violations

_____ WINDOWS: operable and no broken or cracked glass; NOT COVERED

MISCELLANEOUS:_____

_____

_____

RESULTS

Initial Inspection Date:_____Inspector:_____ Re-inspection Date:_____Inspector:_____

Inspection Results: P or F Signature:_____