BOROUGH OF ALLENDALE
500 West Crescent Avenue, Allendale, NJ 07401-1792

BOARD OF HEALTH

(201) 818-4400 EXT. 211
FAX: (201) 825-1913

## APPLICATION FOR A NURSERY SCHOOL

FEE:_____ License No._____

YEAR:_____ Date:_____

Filing of this application does not authorize the applicant to begin operating. The application must first be approved and a license issued. The license, when issued, will expire on **December 31st**, unless it is a temporary. **Licenses are not transferable.**

The applicant agrees that this establishment will comply with all applicable Local and State Health regulations and will be open to inspection by Local and State Health Department Inspectors.

---

**NAME OF APPLICANT (Owner/Title)** **NAME OF NURSERY SCHOOL**

---

**Check One:**

**( ) Individual ( ) Partnership ( ) Coproration ( ) Non-Profit**

**Business Address:**_____

**Owner's Address:**_____

**Home Phone:**_____ **Business Phone:**_____