

# *Borough of Dumont*

80 W. Madison Ave. • Dumont, NJ 07628

(201) 387-5027

License # \_\_\_\_\_

Please check one: ☐ Initial Application or ☐ Renewal Application

Date of Previous License: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fee: \_\_\_\_\_ Restaurant Seating Capacity: \_\_\_\_\_

**Applicant agrees to comply with all ordinances of the Department of Health, of the Boro of Dumont, NJ and those of the State of New Jersey.**

Owner's Name: (print) \_\_\_\_\_ (signature) \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

## **Refuse/Trash Removal Information:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## **Exterminator Information:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Exterminator's Insurer: \_\_\_\_\_

Current DEP Registration #: \_\_\_\_\_ Certificate of Liability: ☐ yes ☐ no

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Completing Form)

\_\_\_\_\_  
(Print Name of Person Completing Form)