



THE CITY OF ENGLEWOOD
 DEPARTMENT OF HEALTH
 73 South Van Brunt Street
 Englewood, New Jersey 07631
 (201) 568-3450

Fax 201-568-5738
 www.cityofenglewood.org

2016 GENERAL / POOL LICENSE APPLICATION

Application Must Be In Legible Print

THIS LICENSE IS **NOT** TRANSFERRABLE - VALID APRIL 1, 2016 THRU MARCH 31, 2017

Date _____

New Application Renewal

Trade Name _____
 Business Address _____
 Business Phone _____ Fax _____

Complete applicable section below - Owner/Sole Proprietor, Partnership or Corporation

OWNER/SOLE PROPRIETOR

Owner/Proprietor _____
 Home Address _____
 Home Phone _____ Beeper/Cell Phone _____

PARTNERSHIP: Include Name/Address of Partners

Name _____
 Home Address _____
 Home Phone _____ Beeper/Cell Phone _____

Name _____
 Home Address _____
 Home Phone _____ Beeper/Cell Phone _____

CORPORATION: Include Name/Address of Principal Officers

Corporate Name _____
 President _____
 Vice President _____

What type of license is being applied for? (see back) _____

If new establishment, or if renovation is planned, submit floor plan with proposed layout of equipment for approval of Health Department.

Are plans being submitted today? No Yes Plan Review Fee Submitted? _____

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED.
Applications will not be processed if owner information (including home or other emergency phone number) are not included.

Legal Signature _____

----- For Health Department Use Only -----

Application Approved _____ Disapproved _____ Date _____
 Plan Review Fee Paid _____ Lic Fee Paid _____ Late Fee Paid _____
 License # _____ Date Ap proved by Board _____

