

Borough of Dumont

50 WASHINGTON AVENUE • 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)