

**WESTWOOD BOARD OF HEALTH**  
**101 WASHINGTON AVENUE, WESTWOOD, NJ 07675**  
**Phone (201) 664-7100 x129 • Fax (201) 722-2839 • E-Mail sblehl@westwoodnj.gov**

DATE: \_\_\_\_\_  
TYPE: \_\_\_\_\_  
FEE: \_\_\_\_\_

Business Owner:

To obtain a Westwood Board of Health Establishment License, please provide the information requested below and return this form with a check payable to the “Westwood Board of Health” in the amount noted above.

**NO ESTABLISHMENT LICENSE WILL BE ISSUED TO ANY BUSINESS IN WHICH THE WATER, SEWER OR PROPERTY TAXES ARE DELINQUENT.**

Thank you for your cooperation.

Westwood Board of Health

ESTABLISHMENT NAME (DBA): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CORPORATE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

OWNER (S) NAMES: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

AFTER HOURS EMERGENCY CONTACT NAME: \_\_\_\_\_

AFTER HOURS EMERGENCY CONTACT TELEPHONE: \_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH PAYMENT. THANK YOU.**