

**NORWOOD BOARD OF HEALTH
455 BROADWAY
NORWOOD NJ 07648**

LICENSE FOR THE YEAR 2018

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A BUSINESS ESTABLISHMENT AS DEFINED IN THE NORWOOD HEALTH CODE.

PLEASE LIST THE NAME OF ALL EMPLOYEES ON THE REVERSE SIDE OF THE FOLLOWING PAGE OF THIS APPLICATION.

TRADE NAME:

FEE: _____ Phone No.: _____
(Checks Made Payable to the Borough of Norwood)

Address: _____

Name and Address of Owner: _____

Owner's Home Phone No.: _____

NAME OF LICENSED EXTERMINATOR: _____

NAME OF GARBAGE CONTRACTOR: _____

DO YOU HAVE A GENERATOR: YES____ NO____ STATIONARY (Permanent)____
PORTABLE (Temporary) ____

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE STATUTES, ORDINANCES, RULES AND REGULATIONS OF THE NEW JERSEY STATE DEPARTMENT OF HEALTH AND OF THE BOROUGH OF NORWOOD. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF FORFEITURE OR REVOCATION OF LICENSE IN CASE THE LICENSEE, HIS AGENT OR SERVANT SHALL VIOLATE AGREEMENTS AS SET FORTH HEREIN.

OWNER

_____, 2018
DATED

