

NorthWest Bergen Regional Health Commission
20 West Prospect Street * Waldwick, NJ 07463
Phone: (201) 445-7217 * Fax: (201) 445-4001
Website: www.nwbrhc.org
Facebook: www.facebook.com/NWBRHC



December 8, 2017

Dear Owner or Manager,

Please find enclosed your license application for the 2018 calendar year. This application is to be completed and returned to this office by **January 31, 2018**, with the appropriate payment. This application must be completed in its entirety in a legible manner. All checks are to be made payable to "NWRHC".

Failure to renew your establishment's license by January 31, 2018 will result in a late fee of 50% of the annual license fee.

After your application is received, we will be **emailing** you the 2018 license. We will not be sending it in the mail. **Please make sure to include a valid email address** that we can keep on file. If you do not have internet access, you can pick up a hard copy of the application from our office.

Thank you for your cooperation.

Sincerely,

Angela Musella

Angela Musella, MA, CHES
Health Officer

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2018 SEPTIC License Application for Old Tappan

1. Filing of this application does NOT authorize the applicant to start operating; the application MUST be approved by the Health Department and a license MUST be issued. ALL information must be filled out.
2. The license will expire on December 31, 2018.
3. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.

Type of License & Fees: Septic Installation & Repair \$150 and/or Septic Cleaning \$150
 (Each License is \$150, if your company does both, please pay \$300)

I/We herewith, am/are applying for a REGULAR/TEMPORARY HEALTH DEPARTMENT LICENSE FOR 2018.

Type of License: _____

Business/Trade Name: _____

Address: _____ Town: _____

Zip Code: _____ Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____ Other Phone: _____

Email Address: _____

Website: _____

Payment Information

Please make checks payable to "NWBRHC" (NorthWest Bergen Regional Health Commission).

I am/we are aware of the requirements of the State and Municipal Board of Health regulations and agree to be governed thereby.

Date: _____ Print Name: _____

Signature: _____

For Office Use Only

Date Received:		2018 License # Issued:	
Cash	MO #:	Check #:	
Fee: \$		Late Fee: \$	Total Amount Paid: \$

