



BOROUGH OF ALLENDALE
500 West Crescent Avenue, Allendale, NJ 07401-1792

BOARD OF HEALTH

(201) 818-4400 Ext. 211
FAX: (201) 825-1913

APPLICATION FOR A NURSERY SCHOOL

FEE: _____

License No. _____

YEAR: _____

Date: _____

Filing of this application does not authorize the applicant to begin operating. The application must first be approved and a license issued. The license, when issued, will expire on **December 31st**, unless it is a temporary. **Licenses are not transferable.**

The applicant agrees that this establishment will comply with all applicable Local and State Health regulations and will be open to inspection by Local and State Health Department Inspectors.

NAME OF APPLICANT (Owner/Title)

NAME OF NURSERY SCHOOL

Check One:

Individual Partnership Coproration Non-Profit

Business Address: _____

Owner's Address: _____

Home Phone: _____ Business Phone: _____

