

12/27/22 ✓ #303
Laundromat #40
Fee \$40.00

LITTLE FERRY BOARD OF HEALTH

APPLICATION

DATE

TYPE OF LICENSE *Laundromat*

APPLICANTS NAME *Abacus Capital Group, LLC.*

APPLICANTS HOME ADDRESS

APPLICANTS PHONE NUMBER

NAME OF BUSINESS *Laundry Room*

BUSINESS ADDRESS *18 Redbank Ave., Little Ferry, NJ 07643*

BUSINESS PHONE NUMBER *201-560-8223*

EMERGENCY NUMBER

IF YOU DO NOT OWN THE PREMISES PLEASE FILL OUT:

NAME OF OWNER *A & L Cold Properties, LLC.*

ADDRESS OF OWNER

PHONE NUMBER OF OWNER

TERMS OF THE LEASE *20 years*

TAXES ARE CURRENT

YOU MUST CONTACT THE TOWN TAX COLLECTOR TO MAKE

SURE THE TAXES ARE CURRENT ON THE BUILDING EVEN IF

YOU DO NOT OWN THE BUILDING

ORDINANCE ATTACHED

Signed _____

Your permit will be granted subject to the inspection by our health inspector and you meet the sanitary and state regulations.

IF THE APPLICATIONS IS NOT COMPLETE WITH ALL OF THE ATTACHED DOCUMENTS IT WILL BE RETURNED AND THIS COULD DELAY YOU FROM GETTING A HEALTH LICENSE.

Any question please contact

MARISA CLARINO -551-341-2830

LICENSE NUMBER 1195

CHECK NUMBER 303

MONEY ORDER

NO CASH

SIGN