

**RINGWOOD HEALTH DEPARTMENT**

60 Margaret King Ave.  
Ringwood, NJ 07456  
Tel: (973) 962-7079  
Fax: (973) 962-7823

**APPLICATION FOR LICENSE TO INSTALL, AND/OR REPAIR  
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS**

**FEE: \$150.00**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Where Registered (DEP#): \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Authorized to do business in NJ? \_\_\_\_\_

Corporate Officers:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**CERTIFICATIONS:** \_\_\_\_\_

Other municipal licenses held: \_\_\_\_\_

Was your license ever revoked by any municipal Board of Health or other official body? \_\_\_\_\_

Are you familiar with septic system requirements in Ringwood? \_\_\_\_\_

**Do you want to be included on our installer/pumper lists given to residents?** \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**(FOR HEALTH DEPARTMENT USE ONLY)**

Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_ License #: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Health Official

