Ringwood Health Department
Borough of Ringwood
60 Margaret King Ave
Ringwood, NJ 07456
(973) 962- 7079

APPLICATION FOR LICENSE TO PUMP

Fee: $150.00

Name of Applicant: _____

Name of Business: _____

Phone: _____ Cell: _____

Fax: _____

Address: _____

State of Incorporation: _____

Authorized to do business is NJ ☐YES ☐NO

Corporate Officers:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

States registered to work in: _____ DEP#_____

Other Municipal Licenses Held:

_____

Has your licensed ever been revoked by this or another municipality? ☐YES ☐NO

Do you want to be included on the pumper list provided to residents? ☐YES ☐NO

I hereby certify that the information furnished on this application is true.

Signature of Applicant: _____ Date: _____

For Health Department Use Only

Amount Received: _____ Date:_____

Approved ☐ YES ☐ NO License #: _____

Signature of Health Official: _____

20___ Licensing Year