

**FAIRFIELD HEALTH DEPARTMENT  
APPLICATION FOR HEALTH CLUB LICENSE**

*Please make check out to the Township of West Caldwell*

Please complete this application and remit with payment to:  
*West Caldwell Health Department  
30 Clinton Road  
West Caldwell, NJ 07006*

In conformance with the requirements of an ordinance entitled "Health Clubs," the undersigned respectfully petitions for a license to operate.

TRADE NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

**OWNER, OWNERS OR CORPORATION INFORMATION:**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DO YOU SELL ANY FOODS, BEVERAGES OR CONSUMABLE SUPPLEMENTS? \_\_\_\_\_

DOES YOUR ESTABLISHMENT HAVE A SWIMMING POOL AND/OR SPA? \_\_\_\_\_

DOES YOUR ESTABLISHMENT HAVE TANNING FACILITIES (i.e., bed, room)? \_\_\_\_\_

DOES YOUR ESTABLISHMENT HAVE NAIL, BARBER OR BEAUTY PARLOR SERVICES? \_\_\_\_\_

LICENSE EXPIRES DECEMBER 31 OF EACH YEAR, per Fairfield Revised General Ordinances.

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature*

**FEE SCHEDULE:**

License application fee.....\$150.00

**FOR AGENCY USE ONLY**

LICENSE NUMBER: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_