

BOROUGH OF  
**NEW PROVIDENCE**

SETTLED IN 1720

**BOARD OF HEALTH**  
360 Elkwood Ave  
New Providence, NJ 07974  
Phone: (908) 665-2167  
Fax: (908) 665-9272

**HOTEL, MOTEL, ROOMING HOUSE  
ANNUAL PERMIT APPLICATION**

Please make check payable to: Borough of New Providence  
In the amount of: \$58.00

\*A late fee of \$53.00 per month will be charged if not paid by January 31, 2026\*

Please print clearly and complete both pages in its entirety.

Name of Establishment:

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Address:

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Phone:

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Fax:

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Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

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Phone: \_\_\_\_\_

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Email: \_\_\_\_\_

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Business Owner:

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Street Address:

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City / State / Zip:

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Does the Establishment offer any vending and/or food service? (circle one)

360 Elkwood Avenue • New Providence • New Jersey • 07974  
908-665-1400 • 908-665-9272 (Fax)  
[www.newprov.us](http://www.newprov.us)

YES      NO

If YES, please describe below what your establishment offers in terms of  
Vending and/or food service.

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Applicant's Signature

Date

\*All Permits expire December 31<sup>st</sup> of the licensing year\*

2026