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Linda Kimball  
Vice President

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Councilman

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Susan Naples  
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Councilman

Lester Jones  
Health Officer

A.J. Johal  
Councilman

Taqualla Lowman  
Director

Randy Krum  
Councilman

Susna Naples  
Councilwoman



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NEW

RENEWAL

TYPE OF LICENSE: **ICE-CREAM/ FROZEN WATER/ DESSERT TRUCK**

FEE: **\$75 PER EACH VEHICLE**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL# \_\_\_\_\_  
\_\_\_\_\_

NUMBER OF TRUCKS OPERATING IN CARTERET \_\_\_\_\_

VEHICLE DESCRIPTION \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

VEHICLE DESCRIPTION \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

VEHICLE DESCRIPTION \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL# \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL# \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

I, HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS IMPOSED BY THE CARTERET HEALTH DEPARTMENT AND NOTICES AS MAY BE ISSUED BY THE HEALTH OFFICER OR AGENT.

SIGNATURE: \_\_\_\_\_