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Susna Naples
Councilwoman



DATE: ____/____/____

NEW

RENEWAL

TYPE OF LICENSE: **ICE MACHINE**

FEE: **\$40.00 EACH MACHINE**

NAME OF BUSINESS _____

ADDRESS _____ TEL# _____

NAME OF OWNER _____

ADDRESS _____

TEL# _____ DOB _____ SS# _____

TYPE OF ENCLOSURE FOR ICE MACHINE INSIDE OUTSIDE

CAPACITY OF MACHINE _____ TYPE OF ICE CUBES BULK

SOURCE OF PRODUCT _____

RELEVANT INFORMATION

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

SIGNATURE: _____