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Councilman

Linda Kimball
Vice President

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Councilman

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Jonathan D'Orsi
Susan Naples
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Dennis DiMascio
Councilman

Lester Jones
Health Officer

A.J. Johal
Councilman

Taqualla Lowman
Director

Randy Krum
Councilman

Susna Naples
Councilwoman



DATE: ____/____/____

NEW

RENEWAL

TYPE OF LICENSE: **BEAUTY SALON**

FEE: **\$50.00**

NAME OF BUSINESS _____

ADDRESS _____ TEL# _____

OWNER _____

ADDRESS _____

TEL# _____ DOB _____ SS# _____

OWNER _____

ADDRESS _____

TEL# _____ DOB _____ SS# _____

OTHER RELEVANT INFORMATION

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: _____