

Thomas Sica  
President

Vinnie Bellino  
Councilman

Linda Kimball  
Vice President

Jorge Diaz  
Councilman

John Narowitz  
Jonathan D'Orsi  
Susan Naples  
Board Members

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: **LAUNDROMAT**

FEE: **\$100.00**

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

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

\_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

NUMBER OF WASHING MACHINES: REGULAR \_\_\_\_\_ 25LB \_\_\_\_\_

NUMBER OF DRYERS \_\_\_\_\_

NUMBER OF DRY CLEANING MACHINES: COIN \_\_\_\_\_ OTHER \_\_\_\_\_

SIZE OF HOT WATER TANK \_\_\_\_\_ SIZE OF TANKLESS HEATER (GAL. PER. MIN) \_\_\_\_\_

HOURS OPERATION \_\_\_\_\_ TO \_\_\_\_\_

ATTENDANT  YES  NO HOURS OF ATTENDANT \_\_\_\_\_ TO \_\_\_\_\_

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: \_\_\_\_\_

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