

Thomas Sica  
President

Linda Kimball  
Vice President

John Narowitz  
Jonathan D'Orsi  
Susan Naples  
Board Members

Lester Jones  
Health Officer

Taqualla Lowman  
Director

Vinnie Bellino  
Councilman

Jorge Diaz  
Councilman

Dennis DiMascio  
Councilman

A.J. Johal  
Councilman

Randy Krum  
Councilman

Susna Naples  
Councilwoman



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

NEW

RENEWAL

TYPE OF LICENSE: **VENDING MACHINE**

FEE: (A) **\$100.00 DEALER LICENSE**

(B) **\$15.00 PER EACH VENDING MACHINE**

TRADING AS \_\_\_\_\_

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

OWNER(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

OWNER(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

MACHINE(S) AT:

NAME/ADDRESS: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_

TYPE OF MACHINE:

HOW MANY

LOCATION

CANDY \_\_\_\_\_

PASTRY \_\_\_\_\_

COLD/HOT BEVERAGE \_\_\_\_\_

MILK \_\_\_\_\_

CANNED FOOD \_\_\_\_\_

ICE CREAM \_\_\_\_\_

GUM \_\_\_\_\_

SANDWICHES \_\_\_\_\_

OTHER: \_\_\_\_\_

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: \_\_\_\_\_