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Councilman

Taqualla Lowman
Director

Randy Krum
Councilman

Susna Naples
Councilwoman



DATE: ____/____/____

NEW

RENEWAL

TYPE OF LICENSE: **RETAIL FOOD ESTABLISHMENT**

FEE: **NON- PROCESSING \$75.00**

PROCESSING: (A) UP TO 9 EMPLOYEE -**\$100.00**

(B) 10 OR MORE EMPLOYEES - \$200.00

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: _____