

Thomas Sica
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Vinnie Bellino
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Vice President

Jorge Diaz
Councilman

John Narowitz
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Susan Naples
Board Members

Dennis DiMascio
Councilman

Lester Jones
Health Officer

A.J. Johal
Councilman

Taqualla Lowman
Director

Susan Naples
Councilwoman



DATE: ____/____/____

NEW

RENEWAL

TYPE OF LICENSE: **BARBER SHOP**

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: _____