

**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

**Susan Naples**  
Councilwoman

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

☐ NEW

☐ RENEWAL

TYPE OF LICENSE: **CLUB**

FEE: (A) **NON-PROFIT - \$20.00**

(B) **OTHER - \$50.00**

NAME OF CLUB \_\_\_\_\_

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

NAME OF OFFICER \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

NAME OF OFFICER \_\_\_\_\_

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: \_\_\_\_\_