

Thomas Sica
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Linda Kimball
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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: **RETAIL FOOD TRUCK/ MOBILE VENDOR**

FEE: (A) **\$150 LICENSE**

(B) **\$50 EACH TRUCK/VEHICLE**

NAME OF BUSINESS _____

ADDRESS _____ TEL# _____

NUMBER OF TRUCKS OPERATING IN CARTERET _____

VEHICLE DESCRIPTION _____ LICENSE PLATE _____

VEHICLE DESCRIPTION _____ LICENSE PLATE _____

VEHICLE DESCRIPTION _____ LICENSE PLATE _____

OWNER _____

ADDRESS _____

TEL# _____ DOB: _____ SS# _____

OWNER _____

ADDRESS _____

TEL# _____ DOB: _____ SS# _____

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: _____