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Councilman

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Councilman

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Councilman

Susan Naples
Councilwoman



DATE: ____/____/____

☐ NEW

☐ RENEWAL

TYPE OF LICENSE: **Hotel - Motel**

FEE: ☐ 1-5 Rooms\$75.00

☐ 6-10 Rooms\$125

☐ Over 10 Rooms\$200.00

NAME OF ESTABLISHMENT _____

ADDRESS _____ TEL# _____

OWNER _____

ADDRESS _____

TEL# _____ DOB: _____ SS# _____

NUMBER OF ROOMS: _____

MAXIMUM NUMBER OF OCCUPANTS ALLOWED: _____

NUMBER OF TOILETS: _____ NUMBER OF WASH BASINS: _____

WATER SUPPLY: HOT _____ COLD _____

SHOWER AND/OR BATHROOM PROVIDED: YES _____ NO _____

KITCHEN FACILITIES PROVIDED: YES _____ NO _____

HEATE SUPPLIED: GENERAL HEATING UNIT SPACE HEATER

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: _____