

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: **ICE MACHINE**

FEE: **\$40.00 EACH MACHINE**

NAME OF BUSINESS _____

ADDRESS _____ TEL# _____

NAME OF OWNER _____

ADDRESS _____

TEL# _____ DOB _____ SS# _____

TYPE OF ENCLOSURE FOR ICE MACHINE ☐ INSIDE ☐ OUTSIDE

CAPACITY OF MACHINE _____ TYPE OF ICE ☐ CUBES ☐ BULK

SOURCE OF PRODUCT _____

RELEVANT INFORMATION

I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS IMPOSED BY THE CARTERET
HEALTH DEPARTMENT AND ANY NOTICES AS MAY BE ISSUED BY THE HEALTH OFFICER OR HIS
AGENT.

SIGNATURE: _____