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Councilman

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Councilman

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Councilman

Susan Naples
Councilwoman

DATE: ____/____/____

NEW

RENEWAL

TYPE OF LICENSE: **LAUNDROMAT**

FEE: **\$100.00**

NAME OF BUSINESS _____

ADDRESS _____ TEL# _____

NAME OF OWNER _____

ADDRESS _____

TEL# _____ DOB _____ SS# _____

NUMBER OF WASHING MACHINES: REGULAR _____ 25LB _____

NUMBER OF DRYERS _____

NUMBER OF DRY CLEANING MACHINES: COIN _____ OTHER _____

SIZE OF HOT WATER TANK _____ SIZE OF TANKLESS HEATER (GAL. PER. MIN) _____

HOURS OPERATION _____ TO _____

ATTENDANT YES NO HOURS OF ATTENDANT _____ TO _____

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: _____