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Susan Naples
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Dennis DiMascio
Councilman

Lester Jones
Health Officer

A.J. Johal
Councilman

Taqualla Lowman
Director

Susan Naples
Councilwoman



DATE: ____/____/____

NEW

RENEWAL

TYPE OF LICENSE: **MILK**

FEE: **\$50.00**

NAME OF BUSINESS _____

ADDRESS _____ TEL# _____

NAME OF OWNER _____

ADDRESS _____

TEL# _____ DOB _____ SS# _____

NUMBER OF TRUCKS OPERATING IN CARTERET _____

VEHICLE # _____ 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: _____