



Borough of Hawthorne
Board of Health

445 Lafayette Avenue, Suite 201 Hawthorne NJ 07506
973-427-4011 973-427-4012 Fax 973-427-0410

Carol Chamberlin-Registrar

Phyllis Wooldridge-Deputy Registrar

License # _____

Date _____

BOROUGH OF HAWTHORNE
BOARD OF HEALTH
445 Lafayette Avenue
Hawthorne, NJ 07506

APPLICATION FOR ICE LICENSE

Business Name: _____

Business Address: _____

Telephone # _____

Type of Business: _____

Owners Name: _____

Owners Address: _____

Telephone # _____

I hereby make application for a license to sell ice within the municipality of Hawthorne. The source of supply is as follows:

Name of Producer	Address
1.	
2.	
3.	
4.	

In consideration of such license, I hereby agree to comply at all times with the legal requirements for the sale of ice.

FEES: \$25.00

Signature of applicant _____

ANNUAL LICENSE/application-Ice license