



**Borough of Hawthorne**  
**Board of Health**

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Carol Chamberlin-Registrar

Phyllis Wooldridge-Deputy Registrar

License # \_\_\_\_\_

Date \_\_\_\_\_

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

**APPLICATION FOR MILK LICENSE**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owners Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

I hereby make application for a license to sell milk 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 milk.

**FEES: \$25.00**

Signature of applicant \_\_\_\_\_