



# 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 MILK TRUCK LICENSE

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

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

Telephone # \_\_\_\_\_ Truck License Plate # \_\_\_\_\_

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 \_\_\_\_\_

ANNUAL LICENSE/application-Milk truck license