

License # _____

2008

Date _____

BOROUGH OF HAWTHORNE

BOARD OF HEALTH

445 Lafayette Avenue

Hawthorne, N J 07506

973-427-4011 973-427-4012

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