

**TOWNSHIP OF ROCHELLE PARK  
BOARD OF HEALTH]  
151 WEST PASSAIC STREET  
ROCHELLE PARK, NJ 07662  
201-587-7730  
FAX 201-556-0523**

**APPLICATION FOR MILK TRUCK**

Please check one:      New application:\_\_\_\_\_      Renewal:\_\_\_\_\_      Fee  
\$ \_\_\_\_\_

Business name: \_\_\_\_\_

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

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

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

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

Please list all establishments which are serviced by you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In consideration of the issuance of this license, the applicant agrees to comply at all times with the Health Department Code and/or amendments thereto and any or all codes promulgated.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Health Department use

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Approved\_\_\_ Disapproved\_\_\_ Date \_\_\_\_\_ License # \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_