TOWN OF KEARNY
OFFICE OF THE TOWN CLERK
PATRICIA CARPENTER, RMC
402 KEARNY AVENUE
KEARNY, NEW JERSEY 07032

TRANSFER OF CONSENT

_____
(Date)

I HEREBY CONSENT TO THE TRANSFER OF _____
(Type of License)

License # _____ To _____

_____

_____ _____
(Date) **(Signature)**

_____ _____
(Date) **(Print Name)**

State of New Jersey
County of _____
Sworn to and Subscribed before me this _____
day of _____ 20_____.

_____
Notary Public (Signature)

(Affix Notary Seal)