



**APPLICATION FOR LICENSE TO OPERATE
A MOBILE FOOD ESTABLISHMENT
EXPIRES JUNE 30TH _____
(PLEASE TYPE OR PRINT LEGIBLY)**

Name of Ownership (If Corporation – Give exact name of Corporation): _____

Name of President (If Corporation): _____ Phone Number: _____

Trade Name of Business: _____

Mailing Address: _____

Phone Number: _____ Email address: _____

MODEL: _____ TYPE OF TRUCK: _____ YEAR: _____

PLATE NUMBER: _____ REGISTRATION NUMBER: _____

I/WE HEREBY MAKE APPLICATION FOR A LICENSE TO OPERATE A MOBILE FOOD ESTABLISHMENT, AND AGREE TO CONDUCT BUSINESS IN COMPLIANCE WITH THE LAW(S) OF THE STATE OF NEW JERSEY AND THE ORDINANCE(S) OF THE TOWNSHIP OF HILLSIDE, IN THE COUNTY OF UNION, AND ORDINANCES AND REGULATION(S) OF THE BOARD OF HEALTH OF THE SAID TOWNSHIP OF HILLSIDE.

(SIGNATURE OF APPLICATION)

(DATE OF APPLICATION)

FOR OFFICIAL USE:

THIS APPLICATION MUST BE COMPELETED BEFORE LICENSE IS ISSUED OR RENEWED

PREMISES INSPECTED AND APPROVED FOR LICENSE BY:

NAME: _____ DATE: _____

LICENSE NO. _____ DATE: _____ FEE: _____