



TOWNSHIP OF EAST BRUNSWICK
P.O. BOX 1081
EAST BRUNSWICK, NJ 08816
REVENUE DEPARTMENT

FOOD VENDOR MOBILE UNIT LICENSE APPLICATION

PLEASE ANSWER ALL QUESTIONS

A. APPLICANT INFORMATION		
NAME:	_____	
HOME ADDRESS:	_____	
HOME TELEPHONE #:	_____	
B. ESTABLISHMENT INFORMATION		
BUSINESS TRADE NAME:	_____	
BUSINESS ADDRESS:	_____	
BUSINESS TELEPHONE #:	_____	
C. SEND APPLICATION AND LICENSE TO THE FOLLOWING ADDRESS:		
<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> OTHER(specify) _____
D. SERVICE VEHICLE:		
VEHICLE YEAR: _____	PLATE# _____	
VEHICLE MAKE/MODEL: _____		
E. PUBLIC HEALTH VIOLATIONS		
Has anyone connected with this operation ever been convicted of violating any statute or ordinance having to do with the protection of public health? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, ANSWER THE FOLLOWING:		
1. PERSON CONVICTED _____	1. PERSON CONVICTED _____	
2. OFFENSE _____	2. OFFENSE _____	
3. OFFENSE DATE _____	3. OFFENSE DATE _____	
4. MUNICIPALITY _____	4. MUNICIPALITY _____	
5. PENALTY _____	5. PENALTY _____	

DATE: _____

Signature of Responsible Person

Print Name of Responsible Person

DO NOT WRITE BELOW THIS LINE

Date of License: _____

License #: _____

License Category: _____

Fee Paid: _____