

OFFICE OF THE TOWNSHIP CLERK
TOWNSHIP OF PLAINSBORO
641 PLAINSBORO ROAD
PLAINSBORO, NJ 08536
609-799-0909x547

MOBILE FOOD HANDLING LICENSE APPLICATION

(Please type or print out the application clearly. Incomplete applications may be returned.)

Date _____

Print Name _____ **Signature** _____

I, or We, the undersigned, do hereby make an application for a license to conduct a mobile food vehicle in the Township of Plainsboro. In making this application, I or We, agree to comply with all the Ordinances of the Township of Plainsboro and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or We, surrender this license, if granted, to the Department of Health on demand.

Establishment Trading Name _____

Establishment Street/Mailing Address _____

E-mail Address _____

Make of Vehicle _____ Year of Vehicle _____ Phone # _____

Operator's Name _____ License Plate Number _____

Name of Owner(s), Corporation(s) _____

Street/Mailing Address _____

E-Mail Address _____

Contact Person: _____ Contact Phone # _____

LICENSE FEE: \$150.00

*****Please Note: If said annual fee is not paid within 30 days of its due date, the fee shall be doubled, and shall double each 30 days that the fee remains unpaid.*****

Date Inspected _____ []Satisfactory/Unsatisfactory[] Inspector Name _____

Inspection of this vehicle **must** be made by the Health Department before a food handling license is issued. Please call to make an appointment. Upon approval, the license will be issued. All operators of this establishment **must** have a Plainsboro Township Mobile Vendor License and a Plainsboro Township Solicitor's License. The Plainsboro Township Solicitor's License is \$50.00 per applicant.

Please make check payable to: Plainsboro Township

**Plainsboro Township Clerk's Office
641 Plainsboro Road
Plainsboro, NJ 08536
Attention: Mobile Food Handling License**