



TOWNSHIP OF PLAINSBORO

OFFICE OF THE TOWNSHIP CLERK
641 PLAINSBORO ROAD
PLAINSBORO, NJ 08536
609-799-0909 ext. 2547

MOBILE FOOD HANDLING HEALTH LICENSE APPLICATION

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

Date: _____

LICENSE FEE: \$150.00

Please make check payable to: Plainsboro Township

Trading Name: _____

Business Address: _____

Vehicle Information:

Make _____ Year _____ Model _____ Color _____

License Plate Number _____ Vin No. _____

Operator's Name: _____ Phone # _____ Cell# _____

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

Mailing Address: _____

E-Mail Address: _____

Contact Person: _____ Contact Phone # _____

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.

Print Name _____ Signature _____

Inspection of this vehicle **must** be made by the Health Department before a food handling license is issued. Please call **609-799-0909 x 1219** to make an appointment. Upon approval, the license will be issued. All operators of this establishment **must** have a Plainsboro Township Mobile Food Health License and a Plainsboro Township Solicitor's License. The Plainsboro Township Solicitor's License is \$50.00 per applicant.

FOR OFFICE USE ONLY

Health Inspection:

Date Inspected: _____

Inspection: Satisfactory Unsatisfactory

Inspector Signature: _____

Clerk's Office:

License No: _____

Date Paid: _____

Amount Rec'd: _____