



## 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: \_\_\_\_\_