BOROUGH OF CLOSTER
DEPARTMENT OF HEALTH

JAMES M. FEDORKO
HEALTH OFFICER

JIN BAE
REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST
BOH SECRETARY, LICENSING OFFICIAL
CERTIFIED MUNICIPAL REGISTRAR

BOROUGH HALL
201-784-0600 EXT.493
FAX NO. 201-784-0371

MOBILE VENDOR

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A **MOBILE/VECHCLE ESTABLISHMENT** AS DEFINED IN THE REVISED CLOSTER HEALTH CODE, ARTICLES IV AND XII.

FEE: Food only: $190.00, If you are selling milk: $195.00

TRADE NAME: _____CORPORATION NAME: _____

DRIVER LICENSE NUMBER (Please attach copy of DL): _____

VEHICLE LICENSE PLATE NUMBER: _____

VEHICLE INSURANCE POLICY NUMBER (Please attach copy): _____

STATION ADDRESS: _____

Name and Address of Owner(s) _____

OWNER'S EMAIL ADDRESS: _____CELL PHONE NO. OF THE OWNER: _____

Food: _____ Milk: (Additional $5.00) _____ Total: _____

NAME OF PERSON FROM ESTABLISHMENT THAT HAS TAKEN THE FOOD HANDLER'S COURSE

_____

(PLEASE INCLUDE COPIES OF CERTIFICATION WITH THE LICENSE RENEWAL)

NAME OF PLACE WHERE TRUCK GETS CLEANED: _____

PLEASE LIST NAME, ADDRESS & TELEPHONE NUMBER OF ALL SUPPLIERS:

1. _____
2. _____
3. _____
4. _____
5. _____ **>>>>>>**

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH ALL STATUTES, ORDINANCES, RULES AND REGULATIONS OF BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF ITS FORFEITURE OR REVOCATION IF CASE THE LICENSEE, HIS AGENT, OR SERVANT VIOLATES THE CONDITIONS SET FORTH HEREIN.

PLEASE NOTE:

➢ **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH APPLICABLE FEE**
➢ **LICENSES ARE NOT TRANSFERRABLE IF BUSINESS IS SOLD**
➢ **LICENSES ARE RENEWABLE IN JANUARY AND EXPIRE DECEMBER 31ST**

I hereby consent to inspection by the Closter Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local retail food establishment requirements, a copy of which I have received. BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION.

_____   _____
PRINT NAME AND SIGN   DATE