

**CARLSTADT BOARD OF HEALTH**  
**500 Madison Street**  
**Carlstadt, NJ 07072-0466**  
**201-531-7182**

**MOBIL VENDOR PERMIT APPLICATION 2015**

Application is hereby made for Mobile Catering License to conduct a **RETAIL/DRINK VEHICLE** in Carlstadt, New Jersey.

Borough Fee: **\$100.00**

Milk Fee: **\$5.00**

Food License Fee: **\$45.00** (No Step Truck)

Food License Fee: **\$70.00** (Step on Truck)

**Check One:**

**NEW APPLICATION**

**RENEWAL**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address of Business to be licensed: \_\_\_\_\_

\_\_\_\_\_

Name on Food Truck: \_\_\_\_\_

License Plate # \_\_\_\_\_

**A COPY OF THE VEHICLE REGISTRATION MUST BE ATTACHED OR APPLICATION WILL BE RETURNED**

Driver /Owner Information **if different** from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

List all towns, which license this truck (Recent Rating Poster, Licenses, and Inspection Reports available from each.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Name & Address of Wholesalers where food is prepared &/or purchased on a daily basis.

\_\_\_\_\_

Source of Food Products: (Actual Invoices for current days food must be on truck.)  
(Milk, Hot Food Item, Salad, Cold Food Item, & Other Potentially Hazardous Food Items)

Item \_\_\_\_\_ Supplier(Name/Address) \_\_\_\_\_

Item \_\_\_\_\_ Supplier(Name/Address) \_\_\_\_\_

Item \_\_\_\_\_ Supplier(Name/Address) \_\_\_\_\_

Item \_\_\_\_\_ Supplier(Name/Address) \_\_\_\_\_

Servicing Area: Name & Address of Establishment where cleaning of truck takes place. \_\_\_\_\_

(How Often) \_\_\_\_\_

I hereby certify that the above information as provided by me is true and complete to the best of my knowledge. Any false statements on this document maybe just cause for the rejection or revocation of my food license and may also jeopardize my good standing in any other community in which I currently do business.

I will send this office notification of any change of the above listings as soon as they occur.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vendor's Signature

\_\_\_\_\_  
Inspector's Signature

**BOROUGH FEE, MILK AND FOOD LICENSE FEE CHECK SHOULD BE WRITTEN TO THE CARLSTADT BOARD OF HEALTH. THESE LICENSE FEES MUST BE PAID FOR PRIOR TO JANUARY 31, 2014 OR A FINE WILL BE ISSUED FOR NONE COMPLIANCE.**

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**FOR BOARD OF HEALTH OFFICE USE ONLY**

Mobile Catering Permit # \_\_\_\_\_  
Milk License # \_\_\_\_\_ Check# \_\_\_\_\_ \$5.00  
Food License # \_\_\_\_\_ Check# \_\_\_\_\_ \$45.00  
Food License # \_\_\_\_\_ Check# \_\_\_\_\_ \$70.00

**CARLSTADT BOARD OF HEALTH  
MOBILE FOOD VENDOR – 2014**

**NAME ON MOBILE VENDING TRUCK:** \_\_\_\_\_

**LOCATION OF:**     **\*\*1<sup>ST</sup> STOP\*\***

**TIME: (A.M./P.M.)**

**COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**\*\*2<sup>ND</sup> STOP\*\***

**COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**\*\*3<sup>RD</sup> STOP\*\***

**COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**\*\*4<sup>TH</sup> STOP\*\***

**COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**\*\*5<sup>TH</sup> STOP\*\***

**COMPANY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

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

**\*\*\*\*\*INFORMATION ABOVE MUST BE COMPLETE (this includes address and phone #)  
AND RETURNED WITH FEE OR LICENSE WILL NOT BE ISSUED\*\*\*\*\***

**FORMS AND  
*PAYMENT* MUST  
BE RETURNED  
BY JANUARY 31,  
2014.**