Office Use Only:
Date Issued: _____
Date Expired: _____
Fee: _____
License #: _____

Morris Township Health Department
50 Woodland Avenue, P.O. Box 7603
Convent Station, NJ 07961
973-326-7390

APPLICATION FOR MOBILE FOOD LICENSE

Trade Name: _____

Address: _____

Operator/Food handler Name: _____

Phone number: _____ **Email Address:** _____

License Plate Number of Vehicle: _____

Name of Owner: _____

Address of Principal Owner(s):_____

_____

Phone Number: _____ **Email Address:** _____

Name and address of wholesale/retail supplier or commissary that provides food for unit:

_____

_____

_____

FEE SCHEDULE

Mobile Restaurants / Caterers - Each Vehicle **$100.00**

Is the establishment a non-profit organization? (IRS 501(c) 3) **YES:** ☐ _____ **NO:** ☐ _____

If yes, applicant may request a waiver of the license fee by attaching a letter requesting a waiver of the fee.

In making this application, I hereby agree to conduct the operation of the food establishment in conformance with the provisions of Chapter XXIV of the New Jersey Sanitary Code and the Code of the Township of Morris.

_____ _____

Signature of Applicant **Please Print Name & Title**