ROBBINSVILLE TOWNSHIP
MOBILE RETAIL FOOD ESTABLISHMENT
OPERATING LICENSE APPLICATION

ESTABLISHMENT:

FEE: $50.00
License Plate #_____

Address of Establishment: _____

Base of Operation: _____

Address of Above: _____

Date Last Inspection of Base of Operation: _____

Address you wish all correspondence to be mailed: _____

Telephone: **REQUIRED** _____ Fax #: _____

Name of Owner: _____

Emergency Contact: _____

Telephone: _____

The above licensing fee has been established by **Robbinsville Township Code**.

NOTE: Nonprofit organizations duly incorporated under Title 15 of the New Jersey Statues are exempt from fees. N.J. State Tax I.D. # _____.

The undersigned agrees to operate this food establishment in accordance with all applicable state and local regulations.

SIGNATURE OF OWNER: _____ DATE: _____

FOR OFFICE USE ONLY: License # issued: _____

PLEASE RETURN TO: **ROBBINSVILLE TOWNSHIP**
ATTENTION: HEALTH DEPARTMENT
2298 Route 33
Robbinsville, NJ 08691