

**ROBBINSVILLE TOWNSHIP
APPLICATION FOR A LICENSE TO OPERATE
A MOBILE RETAIL FOOD ESTABLISHMENT**

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 Statutes 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
1 Washington Blvd.
Robbinsville, NJ 08691**