

FEE: \$300.00

MOBILE FOOD LICENSE

**DOVER HEALTH DEPARTMENT
MOBILE VENDOR - FOOD AND DRINK LICENSE**

BUSINESS INFORMATION

Type of Business (check one): CATERERS MOBILE VENDOR _____

Business Name: _____ Phone #: _____

Business Address: _____

BUSINESS TYPE: INDIVIDUALLY OWNED PARTNERSHIP *CORPORATION _____

*If a corporation, please list the name and address of the President:

Name of Owner: _____ Phone #: _____

Owner's home address: _____

FOOD INFORMATION

The New Jersey State Sanitary Code requires that any mobile food vending unit must operate from a commissary or other fixed wholesale or retail food establishment where food supplies can be kept, and where all cleaning of the unit can be conducted.

Name & Address of Commissary or other fixed wholesale or retail food establishment:

Names & Addresses of food suppliers:

Types of foods that will be serve (produce, hot food, sandwiches, etc.):

Means of refrigerating perishable foods:

Means of protecting foods from contamination such as dust, insects, etc.:

**PLEASE SEE REVERSE SIDE OF THIS FORM
APPLICATION MUST BE COMPLETED IN ITS ENTIRETY - INCOMPLETE FORMS WILL BE RETURNED**

Late Fee January 31st: _____	RECEIVED BY: _____
OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX	
CASH _____	DATE: _____
MO/CHECK: _____	LICENSE #: _____

FEE: \$300.00

MOBILE FOOD LICENSE

LICENSES ARE NOT TRANSFERABLE.

Licenses may be suspended or revoked by the Dover Health Department upon violation of purposes, intent and provisions of Chapter 24 of the NJ State Sanitary Code, the Food and Beverage Vending Machine Code, the Solid Waste Code, other ordinances of the Dover Health Department, other ordinances of the Town of Dover, and statutory laws of the State of New Jersey relating to the conduct of such businesses.

Food and Drink Licenses are valid from January 1 to December 31 of each year.

Food and Drink Licenses must be renewed during December of each year.

Sanitary Inspection Placard and current Food and Drink License must be displayed to the public at all times while operating in the Town of Dover.

In consideration of such license, I hereby agree to conduct the said premises in conformance with the purpose, intent and provisions of the above-mentioned codes or ordinances stated herein.

Signature and Title of Applicant

Date

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Food and Drink License Application Fee Schedule

MOBILE VENDOR

 \$300.00

Mail your check or money order payable to the "Town of Dover" along with your completed application to:

**Dover Health Department
37 N. Sussex Street
Dover, NJ 07801**

If you have any questions regarding this application, please call the Dover Health Department at: 973-366-2200 x 1120/1116.