



OFFICE OF THE MUNICIPAL CLERK
APPLICATION FOR MOBILE RETAIL FOOD ESTABLISHMENT

In Accordance with Ordinance No. 55-2025

☐ **NEW**

☐ **RENEWAL**

Type of License Requested: Class I _____ Class II _____ Class III _____ Class IV _____ Class V _____

Individual Name _____

Company Name _____

Owner Home Address _____

Business Address _____

Telephone # _____

Tax I.D. # _____

Date of Birth _____/_____/_____

Social Security # _____

EMPLOYEE: Name _____

Address _____

Date of Birth _____/_____/_____ Social Security # _____

Driver's License # _____

DESCRIPTION OF VEHICLE:

Make: _____ Model: _____ Year: _____ Color: _____

Description of products to be sold: _____

Days & Hours of Operation: _____

REFERENCES: Name, Address & Telephone Number:

1. _____

2. _____

3. _____

Have you or any employee(s) ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? (Give particulars and disposition of every such case.) ☐ Yes ☐ No

Itinerant Restaurant Licenses for Food Peddlers: No license for an Itinerant Restaurant License pursuant to Article II of the Code of the Town of Dover shall be issued until application has also been made to and approved by the Health Officer.

Before any license is issued all requirements of Ordinance 55-2025 must be in compliance

Signature: _____ **Date:** _____

Office Use:

License Fee \$ _____ License # _____ Date Issued: _____ Expiration Date: _____