

**2014**  
**FAIR LAWN HEALTH DEPARTMENT**  
**SEASONAL MOBILE FOOD VENDOR LICENSE**  
**COST \$150.00 PER TRUCK/VEHICLE**

Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ email address: \_\_\_\_\_

Name of Company Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Owner Address \_\_\_\_\_

Description of Vehicle Being Licensed: \_\_\_\_\_

License Plate # of Vehicle: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Type(s) of Food to be Sold from Truck: \_\_\_\_\_

List All Locations and Times of Day for All Stops in Fair Lawn:

Time

Location:

1. Copy of **New Jersey Certificate of Authority** for mobile vendor/company (sales tax document)
2. Copy of **Driver's License**
3. Copy of **Vehicle Registration**

I hereby certify that the above vehicle will be kept in proper sanitary order, according to Chapter 12 requirements. I am aware that this license expires on December 31<sup>st</sup> and must be renewed annually.

License fee submitted for this location: **\$150**

Total amount of fees submitted for this location: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please make checks payable to the Borough of Fair Lawn and mail to:**

**Fair Lawn Health Department**

**8-01 Fair Lawn Avenue**

**Fair Lawn, New Jersey 07410**

**(Do not write below this line)**

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DATE: \_\_\_\_\_ HEALTH OFFICER APPROVAL: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Total Paid: \_\_\_\_\_ MVS #: \_\_\_\_\_