



CITY OF PASSAIC
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH
 330 Passaic Street • Passaic, NJ 07055 • (973) 365-5603
health@cityofpassaicnj.gov

*FOR OFFICE
 USE ONLY*
 LICENSE NO. _____
 Copy of
 Vehicle
 Registration
 Obtained

2021 MOBILE RETAIL FOOD LICENSE APPLICATION

Please select one: Application is for **NEW** license
 Application is for **RENEWAL** of your existing license
 Application is for a **DUPLICATE** of your existing license

Date of Application: _____

SECTION I: ESTABLISHMENT OWNER INFORMATION

Name of Business: _____

Name of Owner: _____

Home Address of Owner: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If owner is a corporation, please list corporate officers: _____

Address of Corporation: _____

Do you have a valid peddler's license for the current licensing year? Yes No
 If you answered **NO**, have you applied for a peddler's license? Yes No
 Please provide the date you did/will apply: _____

Will you have individuals who will serve as helpers on your mobile vehicle? Yes No
 If you answered **YES**, have these individuals applied for a helper's peddlers license? Yes No
 If you answered **NO**, have you these individuals applied for a helper's peddler's license? Yes No
 Please provide the date you did/will apply: _____
 Please list the name, address, and telephone number for all helpers below:

Name	Address	Telephone Number

SECTION II: FOOD SUPPLIES/BASE OF OPERATIONS INFORMATION

If you are operating a catering vehicle please list the days, times, and locations for all stops in the City of Passaic:

Day of Week	Time	Location

Please provide the name and address of the location where your foods are purchased:

Name	Address	Telephone Number

Please provide the name/address for your base of operations. A base of operations is a licensed commissary, retail food establishment, or wholesale food establishment which is used for cleaning of your vehicle and obtaining food supplies:

Name	Address	Telephone Number

SECTION II: MOBILE VEHICLE INFORMATION
VEHICLE I. - YOU MUST PROVIDE A VALID REGISTRATION FOR MOTOR VEHICLES

Type of Business: Catering Truck Mobile Food Truck with Kitchen Pushcart
(Check One Please) Hitch Trailer Ice Cream Truck Other (Describe Below): _____

Vehicle Identification Number: (For Motor Vehicles) _____

State Where Vehicle is Registered: _____

License Plate Number: _____ Vehicle Color: _____

List Foods to Be Sold: _____

VEHICLE II. - YOU MUST PROVIDE A VALID REGISTRATION FOR MOTOR VEHICLES

Type of Business: Catering Truck Mobile Food Truck with Kitchen Pushcart
(Check One Please) Hitch Trailer Ice Cream Truck Other (Describe Below): _____

Vehicle Identification Number: (For Motor Vehicles) _____

State Where Vehicle is Registered: _____

License Plate Number: _____ Vehicle Color: _____

List Foods to Be Sold: _____

VEHICLE III. - YOU MUST PROVIDE A VALID REGISTRATION FOR MOTOR VEHICLES

Type of Business: Catering Truck Mobile Food Truck with Kitchen Pushcart
(Check One Please) Hitch Trailer Ice Cream Truck Other (Describe Below): _____

Vehicle Identification Number: (For Motor Vehicles) _____

State Where Vehicle is Registered: _____

License Plate Number: _____ Vehicle Color: _____

List Foods to Be Sold: _____

SECTION V: CERTIFICATION

License fees ARE NOT collected at the time this application is completed and returned to Health Division. Fees are collected at the Health Division after a satisfactory report from a Registered Environmental Health Specialist is presented. **No license is issued without a satisfactory report, proof that applicant has applied for a peddler's license, valid vehicle registration (if mobile is a motor vehicle), and valid ID from the owner.** License fee for all mobile food establishment is \$200.00

Submission of this application does not constitute Health Division approval for the operation of a mobile food establishment. Final approval from the Health Division is dependent on preoperational inspection and issuance of a satisfactory rating.

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I further understand that violations of applicable health and peddling city ordinances and/or state sanitary laws can result in revocation of the food/beverage license and/or legal action being taken against me.

Print Name of Applicant

Signature of Applicant

Date