

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

ESTABLISHMENT: _____ **LIC #** _____

FEE: \$80.00

Name of Establishment: _____

Address of Establishment: _____

Address you wish all
correspondence
mailed to: _____

Telephone: **REQUIRED** _____ Fax #: _____

Name of Owner: _____

Mailing Address: _____

Emergency Contact: _____ Telephone: _____

Fax#: _____ Email: _____

The above licensing fee has been established by **West Windsor Township Ordinance # 92-36**. Licenses are non-transferable and fees are non-refundable.

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: _____ PAID \$ _____ CHECK #: _____ CASH: _____

PLEASE RETURN TO:
WEST WINDSOR TOWNSHIP
ATTENTION: HEALTH DEPARTMENT
P.O. Box 38
WEST WINDSOR, NJ 08550