

APPLICATION FOR MOBILE RETAIL FOOD ESTABLISHMENTS LICENSE

**TOWNSHIP OF EWING – CLERK’S OFFICE
2 JAKE GARZIO DRIVE – EWING, N.J. 08628
Phone 538-7609 Fax 771-0480**

COMPANY INFORMATION

COMPANY NAME _____

Type of Foods to be Sold _____

Contact/Supervisor _____

Address _____

Phone# _____ Fax # _____

State Registered/incorporated _____ Registered Agent _____

Signature of authorized corporate representative _____

VENDOR INFORMATION

VENDORS NAME _____

PERMANENT RESIDENCE _____

LOCAL RESIDENCE (IF DIFFERENT) _____

Telephone # _____

D.O.B. _____ Weight _____ Height _____ Hair _____ Sex _____ Race _____

Social Security # _____ DMV# / STATE _____

Have you ever been convicted of a crime, misdemeanor or disorderly persons offense, and if so, please provide date(s) and nature of offense _____

Have you ever been denied a canvassing, peddling or soliciting permit? If so, please provide information as to the municipality, approximate year and circumstances:

VENDORS INFORMATION

Vending schedule to take place _____

Length of time requested for vending _____ Fee: _____

Areas to be canvassed during vending _____

VEHICLE INFORMATION (all vehicles must be listed)

Make _____ Model _____ Year _____ Color _____ License Plate# _____

Insurance Company Name _____ Policy # _____

List any other municipalities where applicant has engaged in the activities of canvassing, peddling or soliciting: _____

Has your license ever been revoked? _____

REGULATION OF SOLICITORS: No solicitor shall call at any private residence, which has a sign bearing words to effect that solicitors or peddlers are invited. No solicitor shall solicit before the hours of 9:00 a.m. or after the hour of 9:00 pm

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POLICE DEPARTMENT

Approved YES _____ NO _____

Remarks _____

Date _____

Chief of Police of Investigating Officer

HEALTH DEPARTMENT

Approved YES _____ NO _____

Remarks _____

Date _____

Health Official

Photographs (2) 2 ½ x 2 ½: _____

Peddler, Solicitors & Mobile Retail Food Establishments

- [1] Annual License: \$250
- [2] Weekly License: \$75
- [3] Daily License: \$30

- Original copy of Sales Tax Certificate
- Board of Health License attached

***Application of Corporations, Partnerships or other entities shall have attached individual statements containing all of the information required by the "Vendor Information" section for each employee or agent who shall engage in the licensed activity; said statements shall be signed and sworn to by each employee or agent and shall be treated, for investigation purposes, as separate applications to engage in a licensed activity.**