



200 South Street,  
P.O. Box 914  
Morristown, NJ  
07963-0914

## Health Division

Main Office (973) 796-1975  
Health Officer (973) 292-6707  
Health Inspectors (973) 292-6713  
(REHS) (973) 796-1993  
Nurse (973) 292-6702  
Animal Control (973) 292-6731  
Fax (973) 292-6730

### MOBILE FOOD LICENSE APPLICATION

**Please complete all fields. A copy of your driver's license or a government-issued photo ID must be submitted with this license application. Please include a copy of itinerant permit issued by the Town Clerk.**

**NAME OF MOBILE** \_\_\_\_\_

**Location of Mobile** \_\_\_\_\_

**Days and Hours of Operation** \_\_\_\_\_

**Business Phone #** \_\_\_\_\_

**Emergency Phone #** \_\_\_\_\_

**Type of Ownership**       Individual       Partnership  
 Corporation       LLC  
 Other \_\_\_\_\_

Fees*:	
Class	License Fee
I	\$750/year
II	\$375/year
III	\$375/year
IV	\$100/day

**Business Owner Name(s)** \_\_\_\_\_

**Business Owner Address** \_\_\_\_\_

**Business Owner Phone #** \_\_\_\_\_      **Email** \_\_\_\_\_

**Person in Charge (PIC) Name** \_\_\_\_\_      **Phone #** \_\_\_\_\_

**# of Food Handlers** \_\_\_\_\_      **Mobile Class #** \_\_\_\_\_

**Please check this box if you are a Risk Type 3 Mobile Establishment. Please provide a copy of your Certified Food Protection Manager Certificate** (i.e. ServSafe, 360 Training, NRFSP or Prometric).

Licenses are valid from June 1st – May 31<sup>st</sup> of licensing year. Licenses are not transferable. License is void with change of ownership. Payment must accompany this application. \*Smoking is not permitted in the Mobile.

I attest that all of the information on this application is accurate to the best of my knowledge. By operating a business in the Town of Morristown, I realize that legal action may be taken for non-compliance of state and town laws along with the suspension and revocation of my Mobile Food License.

**Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

***OFFICIAL USE ONLY***				
<b>RECEIPT INFORMATION:</b>	Date Received:	Received By:	Fee Collected: \$ _____	Check Cash Other _____
Health Officer/Designee Approval				Date:
Comments:				