



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

## Health Division

Main Office (973) 796-1975  
Health Officer (973) 796-1993  
Health Inspectors (973) 292-6713  
(REHS) (973) 796-1804  
Nurse (973) 292-6702  
Animal Control (973) 292-6731  
Fax (973) 292-6730

### MOBILE FOOD VENDOR LICENSE APPLICATION

Please complete all fields. You must submit a copy of your driver's license or a government-issued photographic identification with this application.

TYPE OF APPLICATION	LICENSE FEE	DATE OF APPLICATION
<input type="checkbox"/> Initial Application	Class I \$750/year	
<input type="checkbox"/> Renewal Application	Class II \$375/year	
	Class III \$375/year	
	Class IV \$100/day	

#### Important Information

- Please visit [www.townofmorristown.org](http://www.townofmorristown.org) for the complete Town of Morristown ordinance.
- If you have questions regarding your mobile food license or if your establishment has permanently closed, please contact the Health Division at 973-796-1975.
- The following items must be attached to your application:
  - Copy of Food Protection Manager's Certification
    - [https://www.state.nj.us/health/ceohs/documents/food-drug-safety/fmc\\_reminder\\_letter.pdf](https://www.state.nj.us/health/ceohs/documents/food-drug-safety/fmc_reminder_letter.pdf)
  - Provisions for disposal of trash and liquid waste (submit proof)
  - Copy of business registration certificate
  - If establishment is a non-profit organization (submit proof of IRS 501(c) 3)
- A copy of the itinerant permit issued by the Morristown Clerk's Office must be provided with your application. Questions pertaining to the itinerant permit, please contact the Morristown Clerk's Office at (973) 292-6639. **No license shall be issued from the Division of Health until an itinerant permit is issued by the Clerk's Office.**

#### SECTION 1. Business Information

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

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

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

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

Property Owner Name(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Property Owner Home/Mailing Address \_\_\_\_\_

#### SECTION 2. Vehicle Information

Vehicle Type & Color \_\_\_\_\_ Vehicle (VIN) \_\_\_\_\_

Vehicle License Plate Number \_\_\_\_\_

**SECTION 3. Commissary Information**

<p><b>Please attach the following to this application:</b></p> <input type="checkbox"/> Copy of Commissary Agreement <input type="checkbox"/> Copy of current Satisfactory placard or inspection report
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**SECTION 4. General Information**

List type of food product sold \_\_\_\_\_

Location of mobile unit (if stationary) \_\_\_\_\_

List the days, times, and location for all stops in the Town of Morristown:

Day of Week	Hours of Operation	Location

**SECTION 5. Certification & Signature**

Licenses are valid from June 1<sup>st</sup> through May 31<sup>st</sup> of the licensing year. Licenses are not transferable. License is void with change of ownership. A late fee of \$50.00/per month will be assessed starting July 1<sup>st</sup> for all delinquent payments. License fees are not prorated.

Applicant agrees to comply, and abide by, all the provisions of NJAC 8:24 of the NJ Sanitary Code and all local codes regulating retail food establishments. By operating a business in the Town of Morristown, legal action may be taken for non-compliance of State and Town laws, along with the suspension or revocation of license upon violation of such codes.

Applicant further agrees that the mobile food vendor adequately conducts equipment cleaning, discharging liquid or solid waste, refilling water tanks, ice bins and food stocks. Applicant understands that the home preparation or storage of food, or the cleaning of equipment or utensils used in this mobile food unit is prohibited by law and subject to penalties, fines, and revocation of licensure.

If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes.

By signing below, I certify that the information provided on this form is true, correct, and complete to the best of my knowledge and further understand that if the above information is willfully false, may result in legal action including closure of the mobile food unit.

<b>APPLICANT PRINTED NAME</b>		<b>TITLE/POSITION</b>	
<b>APPLICANT SIGNATURE</b>		<b>DATE</b>	
<b>***OFFICIAL USE ONLY ***</b>			
Date Received	Received By	Fee Collected	Form of Payment
<b>Attachments</b> <input type="checkbox"/> Food safety manager certification <input type="checkbox"/> Itinerant permit			
Health Officer/Designee Signature/Approval			Date