



JACKSON TOWNSHIP

MUNICIPAL BUILDING- TOWNSHIP CLERK'S OFFICE
95 WEST VETERANS HIGHWAY
JACKSON, NEW JERSEY 08527
(732) 928-1200

APPLICATION FOR ANNUAL MOBILE FOOD REGISTRATION

MOBILE FOOD LICENSE REGISTRATIONS ARE VALID UNTIL DECEMBER 31st

1. Application is hereby made to the Board of Health and to Jackson Township for a license to operate a _____
(specify type of business)

on the premises of _____
(address of business establishment)

2. If granted, this license is to be issued in the name of _____

Trading as: _____

3. Name and address of applicant _____

4. Telephone # _____ email address: _____

5. Does this establishment provide catering or delivery? YES ____ NO ____

6. Are foods prepared at another location? YES ____ NO ____
If so, name and address of establishment: _____

7. If establishment is owned by an out of state owner or corporation, please provide name and address of regional office, name of contact person and telephone number:

Signature of Applicant

HEALTH OFFICER'S INSPECTION REPORT

Inspection of the above premises was completed on _____ and it is recommended that
The licensed BE _____ NOT BE _____ issued. If recommendation is for non-issuance, attach inspection
report.

Signature of HEALTH OFFICER (Ocean County Board of Health), if applicable

**APPLICATION FOR ANNUAL MOBILE FOOD REGISTRATION
VENDOR'S REGISTRATION INFORMATION**

Please provide and include the following with this application: **(SEE PAGE 3-4)**

Certificate of Liability Insurance – Acord form with Jackson Township as additional insured:

Minimum coverage – Personal Injury \$100,000/\$300,000

Property Damage \$50,000

Copy of Vehicle Registration card and Driver's license (of all employees)

Copy of Ocean County Health Department "Satisfactory" certificate

Two (2) 1-inch square photos of each person selling food

Business Name: _____

Business Address: _____

Photograph:

Business Phone # & email address _____

Vehicle Information:

Year, Make & Model _____

License Plate Number and VIN Number _____

Applicant Name (If different from Business Name): _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____

SCARS: _____ TATTOOS: _____

Applicant Address: _____

Applicant's place of residence (last 5 years):

1. _____ 3. _____

2. _____ 4. _____

Complete description of business: _____

Has the applicant ever had an application to conduct a vending business denied or revoked, and, if YES, please provide the details below:

Has the applicant ever been convicted of a crime? Yes No

If yes, please provide details _____

Certificate of Liability Insurance – Acord form with Jackson Township as additional insured:
Minimum coverage – Personal Injury \$100,000/\$300,000
Property Damage \$50,000

Attach Here:

Copy of Vehicle Registration card and Driver's license (of all employees)

Attach Here:

Copy of Ocean County Health Department "Satisfactory" certificate

Attach Here:

Signature of Applicant

Date

Township Clerk's Office

DO NOT WRITE BELOW- MUNICIPAL USE ONLY

CODE ENFORCEMENT APPROVAL _____ DATE: _____

FIRE DISTRICT APPROVAL _____ DATE: _____
(Excludes: ice cream trucks)

OCEAN COUNTY BOARD OF HEALTH APPROVAL _____