

TOWNSHIP OF LACEY
DEPARTMENT OF COMMUNITY DEVELOPMENT
BOARD OF HEALTH

MAILING ADDRESS: 818 LACEY ROAD, FORKED RIVER, NJ 08731

OFFICE LOCATION: 124 SOUTH MAIN STREET, FORKED RIVER, NJ 08731
(609) 693-1100 EXT. 2251 FAX (609) 242-6480

ADMINISTRATIVE SECRETARY DCD – SUSAN CONNOR

ATTENTION

LACEY TOWNSHIP MOBILE FOOD UNITS

Mobile Food Licenses are due for renewal on or about January 1st of each year.

Please **complete the enclosed application** and return with your check payable to Lacey Township in the amount of **\$75.00** for a Mobile Food License.

You must provide this office with a current **copy of the vehicle's registration** being licensed along with a **copy of the owner/operators driver's license**.

You must submit a copy of the most recent **Sanitary Inspection Report** issued by the Ocean County Board of Health, prior to the issuance of your yearly license.

We are in the Office of Community Development located at 124 South Main Street, Forked River. Our office hours are from 8:30 am to 4:30 pm Monday through Friday.

Once your Mobile Food License is issued, all vendors must supply a copy to the Lacey Township Police Department. This copy will be made part of your yearly Solicitor's Application/ Permit required per Ordinance (§269-2) through the local Police Department.

Thanking you in advance for your cooperation in this matter.

Susan Connor, Administrative Secretary DCD
Lacey Township Board of Health
Department of Community Development

LACEY TOWNSHIP BOARD OF HEALTH

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Office Location: 124 South Main Street, Forked River, NJ 08731

APPLICATION FOR MOBILE FOOD LICENSE

(Chapter 362-2 License fees; expiration; renewal; posting)

The proper fee must be accompany application

Please make checks payable to *Lacey Township Board of Health*

LICENSE MOBILE FOOD ESTABLISHMENT - \$75.00

NAME OF APPLICANT: _____

TRADE NAME OF ESTABLISHMENT: _____

KIND OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

TELEPHONE NUMBER OF ESTABLISHMENT: _____

TELEPHONE NUMBER FOR EMERGENCIES: _____

IF CORPORATION, NAME AND ADDRESS OF REGISTERED AGENT: _____

MILK & ICE CREAM OR ICE CREAM MIX OBTAINED FROM: _____

SHELL FISH OBTAINED FROM: _____

LICENSE PLATE NUMBER OF VEHICLE TO BE LICENSED: _____

NAME OF DRIVER: _____

DRIVER LICENSE NUMBER: _____

LOCATION OF VEHICLE AND APPROXIMATE TIME: _____

THE APPLICANT AGREES TO CONDUCT THIS BUSINESS ESTABLISHMENT IN ACCORDANCE WITH CHAPTER 12 OF THE NEW JERSEY STATE SANITARY CODE, ALL APPLICABLE LOCAL ORDINANCES, AND THE ORDINANCES AND RULES, AND REGULATIONS OF THE BOARD OF HEALTH. THE APPLICANT FURTHER UNDERSTANDS AND AGREES THAT SUCH LICENSE AS MAY BE ISSUED UPON APPROVAL OF THIS APPLICATION, MAY BE SUMMARILY REVOKED OR SUSPENDED FOR VIOLATIONS OF THE ABOVE MENTIONED CODE, ORDINANCES, RULES AND REGULATIONS.

DATE: _____

SIGNATURE OF APPLICANT

OFFICE OR TITLE

OFFICE USE

APPROVED BY: _____ DATE: _____ LICENSE # _____