

Wayne Township Health Department
475 Valley Road Wayne, NJ 07470
Phone: 973-694-1800 Fax: 973-696-8186

Itinerant Food Vendor License Application

New _____ Renewal _____

Name Owner/Corp/Partner/LLC/Sole Prop: _____

Owner Address: _____

Email Address: _____ Phone: _____

Trade Name/DBA: _____

Owner's Driver License Number: _____

Has the owner or any additional salesman ever been convicted of a crime? If yes, explain: _____

Description of vehicle(s) to be used: _____

License plate of vehicle(s) to be used: _____

Vehicle(s) registration #: _____

List any additional salesman to be employed on the truck:

Name	Address	Phone #	Drivers License #
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_____	_____	_____	_____
_____	_____	_____	_____

ONLY PRE-PACKAGED FOODS PERMITTED TO BE SOLD.

Licenses are valid for one year, from January 1st through December 31st of each year.

LICENSE FEES: \$100.00 for vehicle & \$10.00 for each additional salesman, non-refundable

Make checks payable to "Township of Wayne" and submit with this application.

The undersigned hereby applied for an Itinerant Food Vendor license and agrees to comply with and abide by all of the ordinances, rules, and regulations of the Township of Wayne and Wayne Township Health Department.

Applicant Name (Printed): _____ Date: _____

Applicant Signature: _____

For Office Use Only:

Fee Paid: _____ Date Paid: _____ Check # _____ License # _____

Police Dept Approval: _____ Date Approved: _____