

**TOWNSHIP OF CEDAR GROVE**  
**525 Pompton Avenue, Cedar Grove, N.J. 07042**  
**(973) 239-1410 ext. 224**

License # \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Truck Card # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application for Itinerant Retail Food License**

(I)(We), the undersigned, do hereby apply for a license to operate a retail food vehicle located at:  
(list all stops and times - Use reverse side if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Owner/Operator Business phone(s): \_\_\_\_\_  
Email address: \_\_\_\_\_
2. Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_
3. Type of Ownership: Sole Proprietorship  Partnership  Corporation
4. Name & Address of Corporation: \_\_\_\_\_  
\_\_\_\_\_
5. Name & Address of Owner or President: \_\_\_\_\_  
\_\_\_\_\_
6. If partnership, name & address of all partners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Name & Address of Operator(s): \_\_\_\_\_  
\_\_\_\_\_
8. Operator's NJ Driver Lic. #s \_\_\_\_\_ Truck License Plate # \_\_\_\_\_
9. Food Supplier / Source Name, Address & Phone: \_\_\_\_\_  
\_\_\_\_\_  
Other Source/ Suppliers (if necessary): \_\_\_\_\_

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

A LICENSE MAY, AT THE DISCRETION OF THE DEPARTMENT OF HEALTH, MAY BE REVOKED FOR VIOLATION OF THE RETAIL FOOD ESTABLISHMENT CODE, CHAPTER 12 OF THE NEW JERSEY STATE SANITARY CODE.

**LICENSES EXPIRE DECEMBER 31st. OF EACH YEAR.**  
**THIS APPLICATION MUST BE SUBMITTED BY DECEMBER 31st**  
**RETAIL FOOD LICENSES ISSUED ARE NOT TRANSFERRABLE**