



**Somerset County Department of Health**  
 27 Warren Street, Somerville, NJ 08876  
 P.O. Box 3000  
 Phone (908) 231-7155 | Fax (908) 704-8042



## Mobile Food Truck Application

**Please make all checks payable to Borough of South Bound Brook Board of Health and mail to:  
 2 Main St, Suite 101, South Bound Brook, NJ 08880.  
 See below for fee amounts.**

Application is to be completed and returned **prior to June 30th** of the year in which the license is being issued. Every question must be fully and correctly answered. False statements may cause revocation of license.

The undersigned hereby applies for a license to operate a Mobile Food Truck under the terms and conditions of the Borough of South Bound Brook Code regulating same.

Failure to obtain a license will result in issuance of summons for each unlicensed truck.

**Trade Name on Vehicle:** \_\_\_\_\_

**License Plate Number:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Cell Number(s):** \_\_\_\_\_

**Name of Driver:** \_\_\_\_\_

**Phone/Cell Number(s):** \_\_\_\_\_

**Name of Commissary:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Cell Number(s):** \_\_\_\_\_

**You must submit a copy of your Commissary's last inspection report along with this application.**

**Fees:**

- \$200 year-round
- \$100 seasonal

**Signature of Applicant:** \_\_\_\_\_

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**Official Use Only**

License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_