



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 North Plainfield Borough ATTN: Health Office and mail to: 263 Somerset St, North Plainfield, NJ 07060.
See below for fee amount.

The undersigned hereby applies for a license to operate a Mobile Food Truck under the terms and conditions and conditions of **Section 26-9.4e of the Borough of North Plainfield, Somerset County** regulating same.

Every question must be fully and correctly answered. False statements may cause revocation of license.

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 annual

Signature of Applicant: _____

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Official Use Only

License Number: _____

Date Issued: _____