



Item \_\_\_\_\_ Supplier(Name/Address) \_\_\_\_\_

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Item \_\_\_\_\_ Supplier(Name/Address) \_\_\_\_\_

Servicing Area: Name & Address of Establishment where cleaning of truck takes place. \_\_\_\_\_

(How Often) \_\_\_\_\_

I hereby certify that the above information as provided by me is true and complete to the best of my knowledge. Any false statements on this document maybe just cause for the rejection or revocation of my food license and may also jeopardize my good standing in any other community in which I currently do business.

I will send this office notification of any change of the above listings as soon as they occur.

\_\_\_\_\_ Date

\_\_\_\_\_ Vendor's Signature

**FOOD LICENSE FEE CHECK SHOULD BE PAYABLE TO THE CARLSTADT BOARD OF HEALTH. THIS LICENSE FEE MUST BE PAID PRIOR TO JANUARY 31, 2020 OR A FINE WILL BE ISSUED FOR NONE COMPLIANCE.**

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**FOR BOARD OF HEALTH OFFICE USE ONLY**

Mobile Catering Permit # \_\_\_\_\_

Food License # \_\_\_\_\_ Check# \_\_\_\_\_ \$300.00

**CARLSTADT BOARD OF HEALTH  
MOBILE FOOD VENDOR - 2020**

**NAME ON MOBILE VENDING TRUCK:** \_\_\_\_\_

LOCATION OF:      **\*\*1<sup>ST</sup> STOP\*\***

TIME: (A.M./P.M.)

COMPANY NAME: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**\*\*2<sup>ND</sup> STOP\*\***

COMPANY NAME: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**\*\*3<sup>RD</sup> STOP\*\***

COMPANY NAME: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**\*\*4<sup>TH</sup> STOP\*\***

COMPANY NAME: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**\*\*5<sup>TH</sup> STOP\*\***

COMPANY NAME: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**\*\*\*INFORMATION ABOVE MUST BE COMPLETE (this includes address and phone #) AND RETURNED WITH FEE OR LICENSE WILL NOT BE ISSUED\*\*\***

# **FORMS AND PAYMENT MUST**

**BE RETURNED  
BY JANUARY 31,  
2020 OR LATE  
CHARGERS WILL  
BE APPLIED.**