



BOROUGH OF ALLENDALE
500 West Crescent Avenue, Allendale, NJ 07401-1792

BOARD OF HEALTH

(201) 818-4400 Ext. 211
FAX: (201) 825-1913

Date: _____

MEMO TO: All Mobile Vendors applying for a license in the Borough of Allendale

FROM: Allendale Board of Health

Enclosed please find an application for a _____ Mobil Vendor's License.

Please be advised that before any permits are issued, detailed information on your vending route is now required and **MUST** be provided.

- a. You can anticipate at least two (2) inspections:
 - one in January at the Municipal Building in Allendale; and
 - one (1) enroute.
- b. You must provide a detailed vending route, indicating all locations you stop at.

Please contact this office to schedule a January Inspection and return the enclosed permit application along with your route stops as soon as possible.

Thank you for your cooperation.

Health Inspector
Borough of Allendale

APPLICATION FOR A MOBIL VENDOR LICENSE

Borough of Allendale

BOARD OF HEALTH

FEE: _____

LICENSE# _____

YEAR: _____

DATE: _____

Filing of this application does not authorize the applicant to begin operating within the Borough of Allendale. The application must first be approved and a license issued.

The license, when issue, unless it is temporary, will expire on December 31st. **LICENSES ARE NOT TRANSFERABLE.** The Applicant agrees that this Mobil Vendor will comply with all applicable Local and State Health regulations and is open to inspection by the Local and State Health Department Inspectors.

SIGNATURE OF APPLICANT

Name of Applicant

Check one

Individual Owner _____
Partnership _____
Corporation _____

Business Name of Mobil Vendor

Owner Name

Street Address

Owner Address

Telephone No.

Town, State, Zip Code

Home Telephone No.

TYPE OF VEHICLE:

COLOR:

VEHICLE LICENSE #:

TYPE OF FOOD VENDED:

COMMISSARY LOCATION:

ROUTE STOPS IN ALLENDALE:

MOBILVEND

