

Borough of Franklin Lakes
Board of Health
480 DeKorte Drive
Franklin Lakes, NJ 07417
201-891-0048, Extension 5
Fax No. 201-891-0101

Application for a Mobile Food Vendor License
\$100.00 License Fee

Business name _____

Address _____

Telephone number _____

Owner's name _____

Address _____

Telephone number _____

The license plate number of the mobile vending truck _____

Name(s), address(es) and telephone number(s) of the wholesalers you purchase food from _____

List all the locations in Franklin Lakes where you will be selling food/drinks _____

List all the employees that will be driving the mobile vending truck _____

At what location do you clean your mobile vending truck _____

The Franklin Lakes Police Department canvassing permit was issued on _____

Please note that the Franklin Lakes Health Department must be notified of all changes in the above stated information.

Signature of applicant _____ Date _____

