

BOROUGH OF
NEW PROVIDENCE

SETTLED IN 1720

BOARD OF HEALTH
360 Elkwood Ave
New Providence, NJ 07974
Phone: (908) 665-2167
Fax: (908) 665-9272

**MOBILE FOOD VENDOR
ANNUAL PERMIT APPLICATION**

Please make check payable to: Borough of New Providence
Fee: \$232.00

*A late fee of \$53.00 per month will be charged if not paid by January 31, 2026

* FOR ANNUAL RENEWALS

Please print clearly and complete both pages in its entirety.

The Following Documents Must Be Submitted with this Application:

1. Valid Copy of Applicant's Driver's License, additional fee \$ 50.00 for each Additional driver listed on this application
2. Valid Copy of the Certificate of Authority to Collect Sales Tax
3. Notarized Letter from Company with Proper Signature(s) Authorizing you as the Applicant to Act as Representative. If you are the Company Owner, Provide a Notarized Letter Stating so.
4. Valid Copy of Vehicle Registration and Insurance that will be used

Fees are not pro-rated based on date of Application

CONTACT INFORMATION

NAME: _____

HOME ADDRESS: _____

WORK PHONE: _____ CELL: _____

EMAIL: _____

PERSONAL INFORMATION

DATE OF BIRTH: _____ SSN: _____

PLACE OF BIRTH: _____

<u>HAIR COLOR</u>	<u>EYE COLOR</u>	<u>HEIGHT</u>	<u>WEIGHT</u>	
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DRIVER'S LICENSES NO.: _____

STATE IN WHICH LICENSE WAS ISSUED: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME YES _____ NO _____

IF YES, REPORT DATE(S), LOCATION(S) OF THE OFFENSE(S) AND DETAILED NATURE OF THE-OFFENSE(S)

HAVE YOU EVER BEEN CONVICTED OF VIOLATING A MUNICIPAL ORDINANCE IN ANY TOWN? YES _____ NO _____

IF YES, REPORT DATE(S), LOCATION(S) OF THE OFFENSE(S) AND DETAILED NATURE OF THE-OFFENSE(S):

HAVE YOU EVER BEEN REFUSED A MOBILE FOOD VENDOR PERMIT IN ANY MUNICIPALITY? YES _____ NO _____

IF YES, PROVIDE DATE(S) AND LOCATION(S) OF THE DENIAL(S) AND DETAILED REASON(S) FOR THE DENIAL(S). (Use other side if necessary.)

By signing below, I certify that all of the above statements are true.

Applicant's Signature

Date

COMPANY INFORMATION

NAME:

-

STREET ADDRESS:

CITY / STATE / ZIP:

PHONE: _____ FAX: _____

OWNER'S NAME:

PHONE: _____ EMAIL: _____

SUPERVISOR'S NAME:

PHONE: _____ EMAIL: _____

COMPANY VEHICLE:	MAKE	MODEL	YEAR	PLATE #

LICENSING INFORMATION

LIST ANY NEW JERSEY MUNICIPALITIES IN WHICH YOU CURRENTLY HAVE A BOARD OF HEALTH LICENSE (use other side if necessary):

2026 →

ARE YOU SELLING FARM PRODUCTS
(fruit, vegetables, eggs, milk, meats)? YES _____ NO _____

IF YES, ARE YOU THE OWNER OF THE
FARM WHERE PRODUCTS ORIGINATED? YES _____ NO _____

IF NO, PROVIDE NAME OF FARM OR COMPANY WHERE PRODUCTS ORIGINATE,
WITH COMPLETE ADDRESS AND TELEPHONE NUMBER:

NAME OF FARM / COMPANY: _____

STREET ADDRESS:

STATE / CITY / ZIP:

PHONE: _____ FAX: _____

COMPLETE DESCRIPTION OF PRODUCTS TO BE SOLD (continue on back if necessary):

MOBILE TRUCK LOCATION OPERATING AT:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

IF TRUCK IS NOT PARKED, MOBILE TRUCK OWNER MUST FILL OUT PEDDLERS PERMIT AND PAY ADDITIONAL FEE PER WEEK OR MONTH TO OPERATE BUSINESS IN TOWN.

FOOD PREPARATION INFORMATION

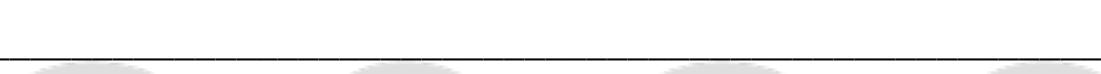
ARE YOU SELLING PACKAGED/PRE-PREPARED FOOD/BEVERAGES?

YES _____ NO _____

IF YES, IS THE PRE-PREPARED FOOD COOKED AND
PACKAGED IN A COMMERCIAL LOCATION?

YES _____ NO _____

IF YES, PROVIDE NAME, ADDRESS AND TELEPHONE NUMBER OF COMMERCIAL LOCATION:



ARE YOU SELLING FOOD/BEVERAGES THAT IS BEING PREPARED OR COOKED IN THE VEHICLE?

YES _____ NO

IF YES, DESCRIBE THE METHOD USED TO KEEP HOT FOOD ABOVE 135°F:

METHOD USED TO KEEP COLD FOOD BELOW 41°F:

APPLICANT'S CERTIFICATION

I do solemnly declare and certify, under penalty of law, that the foregoing information is true and correct and that the business conducted will be in accordance with the ordinances of the Borough of New Providence Board of Health and the statutes of the State of New Jersey.

I understand that this permit is non-transferable, non-refundable and is granted only for the period designated on the permit. I further understand that this permit may be revoked upon violation of any pertinent requirements of the New Providence Board of Health and/or the laws of the State of New Jersey.

Applicant's Name (Printed)

Date of Application

Applicant's Signature (Signature must be notarized below)

All Permits expire December 31st of the licensing year

STATE OF

COUNTY OF

Printed Name of Notary Public

Signature of Notary Public

POLICE DEPARTMENT USE ONLY

APPLICATION IS: APPROVED _____ DENIED _____

REASON FOR DENIAL

Signature of Chief of Police

Date

Notary Public Seal

2026

ZONING OFFICER USE ONLY

APPLICATION IS:

APPROVED _____

DENIED

REASON FOR DENIAL:

2026

Signature of Zoning Officer

Date