# TOWNSHIP OF OLD BRIDGE
## Application for Mobile Lunch Wagon & Hot Dog Wagon

[] Mobile [] Stationary

Name of Applicant _____

Address:_____

Tel. No. _____ Cell Phone: _____

Required if Stationary Vendor:
Property Location:_____Lot:_____Block_____
Name & Address of Property Owner: _____
_____

IF OPERATOR OTHER THAN OWNER, KINDLY COMPLETE THE FOLLOWING INFORMATION

OPERATOR: _____
ADDRESS: _____
_____

Under Title 39 Statutes the Driver of the Vehicle Must be Licensed and No Passengers are permitted in the Vehicle. THIS LICENSE WILL BE ISSUED IN THE NAME OF THE OPERATOR.

TYPE OF VEHICLE TO BE USED: CHECK ONE: CART [] TRUCK [] TRAILER []
(Please provide the following Information)

Drivers License No. _____ Registration No. _____
VIN No. _____ Plate No._____
Vehicle Make _____Model_____ Year_____
INSURANCE COMPANY_____ POLICY No._____

FALSE REPLIES TO ANY OF THE QUESTIONS HEREIN UNDER THE LAW CONSTITUTES PERJURY, DETECTION OF SUCH FALISTY WILL RESULT IN REFUSAL OF THE LICENSE, OR IF ISSUED, REVOCATION OF SAME.

Signature: _____
Date: _____

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FOR OFFICE USE ONLY

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|---|---|---|
| Certificate of Liability Insurance Submitted | Yes[] | No[] |
| Photograph & Fingerprinting Form Submitted | Yes[] | No[] |
| Certificate of Sales Tax Authority Submitted | Yes[] | No[] |
| Health Department Inspection Certificate Rec'd. (Call 732-5600 ext. 6200 for appointment) | Yes[] | No[] |
| TRAFFIC & SAFETY VEHICLE INSPECTION CLEARANCE (Call 732 739 6218) | Yes[] | No[] |
| NOTARIZED PROOPERTY OWNER CONSENT FORM | Yes[] | No[] |
| Sign off Sheet Listing All Residences & Businesses within 500 ft. (Obtained From Tax Assessors Office) | Yes[] | No[] |

License No___ License Expires ____ Date Issued _____ FEE PAID:_____