

**SAYREVILLE BOARD OF HEALTH  
FOOD LICENSE APPLICATION  
MOBILE FOOD VENDORS**

Please fill out Section A through C completely.

**A. BUSINESS OWNER INFORMATION (HOME)**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

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**B. MOBILE INFORMATION (AT SITE)**

BUSINESS TRADE NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

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**C. Check off yearly if operating from January to December.  
Check off seasonal if operating from May to September.**

\_\_\_\_\_ Yearly \$50.00

\_\_\_\_\_ Seasonal \$30.00

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A \$25.00 surcharge will be added for applications received after January 1.  
**FOOD LICENSES ARE NOT TRANSFERABLE**

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**OFFICE USE ONLY:**

RECEIVED: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_