

**TOWN OF GUTTENBERG
HUDSON COUNTY, NEW JERSEY
FOOD MOBILE APPLICATION**

DATE _____

COPY OF ORDINANCE #10-09 GIVEN TO: YES () NO ()

BUSINESS NAME _____

OWNERS NAME _____

OWNERS CURRENT ADDRESS _____

EMPLOYEES NAME: _____

EMPLOYEES CURRENT ADDRESS: _____

NAME AND ADDRESS OF EMPLOYERS FOR PAST FIVE (5) YEARS:

TELEPHONE NUMBER (S) _____

WORK _____

CELL _____

DATE AND PLACE OF BIRTH _____

CITIZENSHIP _____

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ARRESTS AND OR CONVICTIONS:

TYPE OF CRIME: DISORDERLY OFFENSE ()

MUNICIPAL ORDINANCE OR REGULATION ()

ANY OTHER TYPE OF CRIME: _____

DATE (S) _____

**NAME AND ADDRESSES OF EMPLOYERS FOR PAST FIVE (5) YEARS,
WITH DATE OF EMPLOYMENT.**

PROPOSED LOCATION (S):

DESCRIPTION OF ALL ITEMS TO BE SOLD:

CERTIFICATE OF INSURANCE:

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TOWN OF GUTTENBERG BOARD OF HEALTH:

APPROVED () DENIED ()

STATE BOARD OF HEALTH:

APPROVED () DENIED ()

LICENSE FEE PAID _____ AMOUNT _____

MAYOR AND COUNCIL APPROVAL: YES () NO ()

DATE: _____

APPROVED BY CODE ENFORCEMENT TOWN OF GUTTENBERG:

APPROVED () DENIED ()

CODE OFFICER NAME: (PRINT) _____

SIGNATURE: _____

APPROVED BY PUBLIC SAFETY DEPARTMENT:

APPROVED () DENIED ()

OFFICER NAME: (PRINT) _____

SIGNATURE: _____

APPROVED BY MUNICIPAL CLERK TOWN OF GUTTENBERG:

INITIAL APPROVED () DENIED () DATE: _____

RENEWAL APPROVED () DENIED () DATE: _____

RESOLUTION NO. _____

MUNICIPAL CLERK NAME: (PRINT) _____

MUNICIPAL CLERK SIGNATURE: _____

