## Borough of Watchung Board of Health

Office Use Only	
License Number:	
License Year:	
Payment Amount:	
[ ] Cash [ ] Check #	

## RETAIL FOOD ESTABLISHMENT: MOBILE FOOD ESTABLISHMENT LICENSE

Name of Business:			
Address of Business	s:		
Name of Applicant:		Phone Number:	
Applicant Address:			
Applicant Email:			
Is the Applicant:	[ ] Individual	[ ] Partnership	[ ] Corporation
If Partnership or Co	orporation, provide the	e name and address of entity:	
	Date(s) Requested:		[ ] Seasonal: \$150.00
Specific Event Loca	tion(s) and details of p	purpose:	
regulations of the Sanitary Code, No.  PLEASE SUBMIT A  Email: dgr	ne Board of Health  J.A.C. 8:24, in case  APPLICATION TO BOA  ay@watchungnj.gov ()	a found in the Borough e such license is granted.  ARD OF HEALTH SECRETA payment must be received be	fore application is processed)
	ail with payment to: 15	Mountain Boulevard, Watch	nung, New Jersey 07069
Board of Health In	spection and Approval		Date