



City Clerk's Office
CITY OF ENGLEWOOD
2-10 NORTH VAN BRUNT STREET
Englewood, NJ 07631
Phone: (201) 510 – 8212 (8213)
Fax: (201) 567- 4395
Email: apaton@cityofenglewood.org

Date Filed: _____
 License Fee: \$50.00 + (191-6)
 License No: _____
 Granted: _____
 Rejected: _____

MOBILE – FOOD ESTABLISHMENT APPLICATION
 City Code Chapter 380 Article III

CHECK ONE: New [] **Renewal** []

1. Name and address of applicant: _____

2. House Phone: _____ Cell Phone Number: _____

3. Address of establishment to be licensed: _____

4. Trade or Store Name, if any: _____

5. Owner's Name if individual: _____

6. Date and place of birth – applicant/ owner: _____

7. Driver's License number: _____ Expiration Date: _____

8. How many employees (total number on payroll): _____

9. If this license is for any type of vehicle, state address where vehicle will be garaged, parked or stored: _____

10. Have you ever been convicted of a crime?: _____ If "YES" give full particulars: _____

I fully realized that I must comply with all the rules, regulations and ordinances of the City of Englewood.

This license is not transferable.

 Date _____
 Signature of Applicant/ Owner

DO NOT WRITE BELLOW THIS LINE

APPROVED [] DISAPPROVED [] DATE: _____ POLICE CHIEF _____

APPROVED [] DISAPPROVED [] DATE: _____ HEALTH DEPT. _____