



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

Date Filed: _____
License Fee: \$50.00/ \$250.00 (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. _____
APPROVED ☐ DISAPPROVED ☐ DATE: _____ FIRE DEPT. _____