

SOUTH PLAINFIELD HEALTH DEPARTMENT
2480 Plainfield Avenue, South Plainfield, NJ 07080

**FOR VEHICLES - RETAIL FOOD ESTABLISHMENT
VEHICLE LICENSE APPLICATION**

TRADE NAME ON VEHICLE: _____

VEHICLE LICENSE PLATE NUMBER: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER'S PHONE #: _____ FAX #: _____

MANDATORY EMAIL: _____

NAME AND ADDRESS OF SUPPLIER: _____

NON-REFUNDABLE APPLICATION FEE

VEHICLE LICENSE:

	<u>AMOUNT</u>	
PREPACKAGED FOOD	\$150.00	_____
PREPARATION FOOD	\$300.00	_____
MILK FEE	\$ 50.00	_____
PREPACKAGE ICE CREAM	\$150.00	_____
PREPARATION ICE CREAM	\$200.00	_____
FARM PRODUCE VEHICLE	\$ 75.00	_____
LATE PENALTY	\$50.00 PER MONTH AFTER MARCH 31ST	_____

TOTAL AMOUNT: _____

NOTE: Application is to be completed and returned with a check payable to the "South Plainfield Health Department" by March 31st otherwise a \$50.00 PER MONTH late fee will be incurred.

FOR OFFICE USE ONLY.

LICENSE # _____ DATE ISSUED: _____

METHOD OF PAYMENT: CASH \$ _____ CHECK \$ _____ CHECK NUMBER _____