Fee $60 2-day Event Food Truck

2026

Name of Event: _____

Date of Event: _____

BOROUGH OF HAWTHORNE
BOARD OF HEALTH
445 Lafayette Avenue Hawthorne, NJ 07506
Phone 973.427.4012 Fax 973.427.1882
yrogers@hawthornenj.org

Form must be filled in completely before a license can be issued. PLEASE PRINT

Vendor Name _____

Product(s) Sold _____

Contact/Owner Name _____

Contact Phone Number _____

Contact Email _____

List below names of vendors who will be participating in this event

	VENDOR NAME	ADDRESS	PRODUCT
1.			
2.			
3.			
4.			
5.			

APPLICATION FEE IS NON-REFUNDABLE. LICENSES ARE NOT TRANSFERABLE.
PLEASE INCLUDE A COPY OF ALL APPLICABLE INSPECTIONS AND CERTIFICATES.

_____ _____
Signature of Applicant Date

FOR OFFICE USE ONLY

License No. _____ Date Received _____ Amount Paid _____