



ONE DAY FOOD TRUCK EVENT PERMIT

FEE: \$200.00

NAME OF EVENT _____ DATE OF EVENT _____

NAME OF PERSON OR ORGANIZATION IN CHARGE OF EVENT

NAME OF FOOD TRUCK(S) INCLUDING VEHICLE MAKE, MODEL, PLATE NO.

(If additional space is needed, please use back of form to continue)

VEHICLE OWNER'S CONTACT INFORMATION

VEHICLE OPERATOR'S CONTACT INFORMATION

BY SIGNING THIS PERMIT, ALL PARTIES INVOLVED ARE AGREEING TO THE LISTED REQUIREMENTS FOR OPERATION OF A FOOD TRUCK AT THE PLANNED EVENT.

SIGNATURE OF PERSON IN CHARGE OF EVENT

DATE

SIGNATURE OF FOOD TRUCK OWNER

DATE

SIGNATURE OF FOOD TRUCK OPERATOR

DATE

CERTIFICATE OF LIABILITY INSURANCE NAMING THE BOROUGH OF LAVALLETTE AS ADDITIONALLY INSURED IN THE AMOUNT OF \$1,000,000 MUST ACCOMPANY THIS FORM.