Telephone
(609) 597-1000 Ext. 8526
Email
clerk@staffordnj.gov

♦TOWNSHIP OF STAFFORD♦

Ocean County
260 East Bay Ave, Manahawkin, New Jersey 08050-3329

Refer To:
Municipal
Clerk's
Office

FOOD VEHICLE PERMIT APPLICATION

(Township Code Chapter 155: Article II)

Attention Applicant,

Enclosed you will find the required application materials for individuals and businesses seeking to conduct a Food Vehicle within the Township of Stafford. Please review all requirements carefully prior to submission. Please be advised that no selling or soliciting is permitted except between the hours designated in Township Code Chapter 155. All permits are valid through December 31 of the issuing year and must be renewed annually.

At the time of submission, a $150.00 non-refundable application fee is required, along with a $100.00 Food Handling fee. Each individual applicant must complete all required steps, including fingerprinting. Upon approval, a $15.00 badge fee and a $15.00 vehicle fee (per vehicle) will be collected. All payments must be made payable to the Township of Stafford by check, money order, or cash only.

All applicants are required to complete fingerprinting through a third-party FBI-certified Channeling Agent. When scheduling, the applicant must direct the channeler to forward results to Stafford Township through the E-Agent database using ORI NJ0153000. A list of certified FBI channelers can be found at www.fbi.gov by searching "FBI-Approved Channelers." Applicants may also utilize IdentoGO using the following information:

- Service Code: 2F17ZY
- ORI Number: NJ0153000
- Contributor Case Number: O2025-32

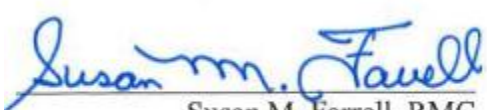
To ensure prompt processing, please include the following items with your submission, as applicable:

- Completed Application
- Food Handler's Application
- Two (2) Letters of Recommendation
- Fingerprint Receipt
- Valid Driver's License
- Passport-Style Photo
- Veteran ID (if applicable)
- Board of Health Approval
- $2,000,000 Certificate of Liability Insurance
- Unexpired Vehicle Registration
- Unexpired Vehicle Insurance
- (2) vehicle images showing license plate
- All required application fees
- Landlord/Property Owner Permission Letter including days and hours of operation (if applicable)

Please submit the completed application packet to the Township of Stafford Municipal Clerk's Office, 260 East Bay Avenue, Manahawkin, NJ 08050.

Please note that no permit or license will be issued unless and until the application is deemed complete, all required documentation has been received, fingerprinting results have been returned, any required inspections (including Fire Prevention and Board of Health) have been completed, the Police Department investigation has concluded, and the Township Administrator has reviewed the application for compliance with Township Code.

If you have any questions regarding the application process, please contact the Municipal Clerk's Office for assistance.



Susan M. Farrell, RMC
Stafford Township Municipal Clerk

Township of Stafford
260 East Bay Avenue
Manahawkin, New Jersey 08050
609-597-1000 EXT. 8526

Food Vehicle Application

Township Code Chapter 155; Article II

License Number:	
Date of Application:	

Business Category (check one):	☐ Motorized Frozen Dessert Truck	☐ Motorized Food Truck or Vehicle	☐ Non-Motorized Trailer or Push Cart
Are you applying as a Veteran? ☐ Yes ☐ No	If yes, Veteran's License #:		County Issued:

Applicant Information:				
Name of Applicant:				Date of Birth:
Aliases:		Maiden Name:		
Height:	Weight:	Hair Color:		Eye Color:
Address:	City:		State:	Zip:
Telephone:	Email:		Driver's License #:	
Has the applicant ever been convicted of a crime, or been convicted of a violation of any other municipal ordinances pertaining to licensing requirements:			☐ Yes	☐ No
If yes, please state nature of offense and punishment or penalty:				

Business Information:			
Name of Business:		State Tax ID:	
Business Address:			
City:	State:		Zip:
Telephone:	State of Incorporation:	Date of Incorporation:	

Corporate Officers: Please make copies of this page if additional space is needed.			
Name:		Title:	
Address:	City:	State:	Zip:
Name:		Title:	
Address:	City:	State:	Zip:

Vehicle Information: Please make copies of this page if additional space is needed.			
Make:	Model:	Year:	Color:
License Plate Number:		Registration Number:	

Additional Vehicle or Trailer Information:			
Make:	Model:	Year:	Color:
License Plate Number:		Registration Number:	

Set forth the nature of the business to be conducted in the Township of Stafford and a description of the merchandise or service to be sold or the purpose for the solicitation of funds:
Location of Operations:
Days of the week and hours activities are expected to be conducted:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Applicant Certification

"I hereby certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I will comply with the provisions of Township Code Chapter 155, Article II, and acknowledge that a copy of this code will be provided upon request."

Signature: _____ Date: _____

Any falsification on this application will result in immediate denial of license. This application must be submitted to the Township Clerk after it has been completed in its entirety. Upon receipt, the application will be referred to the Chief of Police for investigation. No permit or license will be issued unless and until the investigation is completed, the application is approved by the Chief of Police, reviewed by the Township Administrator for completeness, and issued by the Township Clerk.

FOR OFFICE USE ONLY

POLICE

☐ Approved ☐ Denied

Signature: _____ Date: _____

Russell Griffin, Chief of Police

ADMINISTRATION

☐ Approved ☐ Denied

Signature: _____ Date: _____

Matthew von der Hayden, Township Administrator

CLERK

☐ Approved ☐ Denied

Signature: _____ Date: _____

Susan Farrell, Municipal Clerk

Township of Stafford
260 East Bay Avenue
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Application to Conduct an Eating, Drinking and/or Food Handling Establishment

Township Code Chapter 223

Establishment Name:		Telephone:
Email:		
Address:		
City:	State:	Zip:

Corporate/Owner Name:		Telephone:
Email:		
Address:		
City:	State:	Zip:

Please select mailing address for license:	☐ Establishment	☐ Corporate/Owner
Current Sanitary Inspection Report:	☐ Yes ☐ No	☐ Ocean County ☐ Other _____

"In making this application, I agree to comply with all ordinances of the Township of Stafford and the laws of the State of New Jersey covering such establishments. It is further agreed that I will surrender this license, if granted, to the Township of Stafford on demand, if warranted. I recognize that the license fee is $100.00 yearly, unless exempt."

Signature: _____ Date: _____

FOR OFFICE USE ONLY		
License Number:	Fee Paid:	Date of Sanitary Inspection:

Township of Stafford
260 East Bay Avenue
Manahawkin, New Jersey 08050
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LETTER OF RECOMMENDATION

Applicant's Information:

First Middle Last

Address: City: State: Zip:

The above-named person has applied for a Peddling and Soliciting Permit in the Township of Stafford. The Township Code requires that the applicant furnish two (2) "Letters of Recommendation" to the Chief of Police concerning the applicant's moral character.

How long have you known the applicant? _____

Is the applicant of moral character? _____

Has the applicant been convicted of a crime or a disorderly person's offense? ☐ Yes ☐ No
If yes, Date: _____ Place: _____

Offense(s) _____

Do you know of any reason that the applicant should not be issued this permit?

The applicant's permit will not be processed until we receive this form. The information on this form is for official use only.

Recommender's Information:

First Middle Last Telephone

Address: City: State: Zip:

Signature Date

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Signature Date