WILLINGBORO TOWNSHIP
NEW JERSEY
One Rev. Dr. Martin Luther King, Jr. Drive • Willingboro, NJ 08046
P: 609.877.2200 • F: 609.835.0782 • Willingboronj.gov

FOOD TRUCK/MOBILE MERCANTILE LICENSE APPLICATION

Please check all items included in the application packet, sign and date.
Note: Omittance of the required documents and fees will make your application incomplete.

APPLICANT SUBMISSION REQUIREMENTS & CHECKLIST

1. ☐ Completed Application
2. ☐ Copy of valid Applicant's Driver's License or Proof of Identification
3. ☐ Copy of valid Applicant's Business Registration Certificate
4. ☐ Copy of valid Applicant's State Sales Tax Certificate of Authority
5. ☐ Copy of Burlington County Sanitary Inspection Report
6. ☐ Copy of Applicant's Mobile Food Permit; Burlington County Health Department
7. ☐ Copy of Vehicle Registration
8. ☐ Copy of valid Proof of insurance
9. ☐ Site Plan or Sketch showing food truck location
10. ☐ Color Photos of all sides of the food truck
11. ☐ Property owner's written consent on company/business letterhead; notarized.
12. ☐ Waste disposal agreement (if applicable)
13. ☐ Established Annual Mercantile Fee

Food Handling	$10.00	
Food Vending Vehicle Fees	$50.00	

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(For Operation on Private Property)

SECTION 1: APPLICANT INFORMATION

- Business Name: _____
- Owner's Full Name: _____
- Mailing Address: _____
- City/State/Zip: _____
- Phone Number: _____
- Email Address: _____

SECTION 2: BUSINESS DETAILS

- Type of Cuisine/Food Served: _____
- Type of Business Entity:
  ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other: _____
- State Business License Number: _____
- Tax Identification Number (TIN/EIN): _____
- Vehicle License Plate Number: _____
- Vehicle Make/Model/Year: _____

SECTION 3: OPERATION DETAILS

- Requested Days and Hours of Operation:
- Proposed Dates of Operation: From _____ To _____
- Will power, water, or other utility connections be used on site?
  ☐ Yes ☐ No (If Yes, describe):
- Waste Disposal Plan (grease, trash, wastewater)

SECTION 4: EMERGENCY CONTACTS (must be different than property owner or management company)

Name: _____ Phone : _____

Mailing Address: _____
Street/P.O. Box Number City State Zip Code

Alternate Phone: _____ Email: _____

****

Name: _____ Phone : _____

Mailing Address: _____
Street/P.O. Box Number City State Zip Code

Alternate Phone: _____ Email: _____

SECTION 5: PROPERTY OWNER WRITTEN AUTHORIZATION AND CONSENT

(To be completed by the private property owner or manager. Owner must also provide a statement on company/business letterhead, signed & dated to be included with application)

I, _____the undersigned, as owner/authorized representative of the property located at: Property Address: _____ hereby grant permission to the above food truck operator to operate on my property under the terms described in this application.

_____ _____ _____

Name of Property Owner/Manager: Signature: Date:

Phone: _____
Email: _____

SECTION 6: AFFIDAVIT OF TRUTHFULNESS OF APPLICATION INFORMATION

I, _____[Your Full Name], residing at _____ [Your Complete Address], after having been duly sworn in accordance with law, do hereby depose and state: That I am the applicant for _____[Business Name], and I am executing this Affidavit to attest to the truthfulness of the information I have provided in my application.

That all the information, documents, and supporting evidence submitted by me in connection with the said application are true, correct, and complete to the best of my knowledge and belief.

I understand any false statement, misrepresentation, or concealment of facts may result in the rejection of my application or subsequent revocation of any benefit granted as a result thereof.

That I am executing this Affidavit to affirm the integrity of my submission and to comply with any legal or administrative requirements associated with the application process.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of _____, 20, at [City, State].

_____
[Signature of Applicant]

SWORN AND SUBSCRIBED TO before me this ____ day of _____, 20_____, affiant having duly affixed his/her signature in my presence and having exhibited competent proof of identity.

_____
Notary Public Signature
My commission expires: _____