

FOR OFFICE USE ONLY

License Number: \_\_\_\_\_ Fee: \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
 Hanover P.D. : date approved \_\_\_\_\_

**TOWNSHIP OF HANOVER HEALTH DEPARTMENT**  
**P.O. BOX 250, 1000 ROUTE 10**  
**WHIPPANY, NEW JERSEY 07981**  
**Tel: (973) 515-6667 Fax: (973) 515-3772**

Application for a License to:

**Operate and Maintain an ITINERANT Retail Food Business** for the sale of food and/or drinks in the Township of Hanover. Application is hereby made and a fee of \$150.00 is submitted herewith. Hospitals, churches, schools not operated for profit, and any organization, society, or group whose purpose does not include profit are exempt from the fee.

New Application  Renewal

Date \_\_\_\_\_ 20\_\_\_\_ Fee Enclosed \_\_\_\_\_

***I. About the Business***

Trade Name of Business:	
Location of Business:	
Contact Information	
Phone: _____	Fax: _____
E-mail: _____	

***II. About the Ownership***

Is the business owned by a	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>
Name of the corporation, or partnership	
List the names, titles and business addresses of the corporate officers, partners, or individual owner(s)	
Contact Information	
Phone: _____	Fax: _____
E-mail: _____	
If a corporation, in what state is the business incorporated:	
Is trade name duly registered?	
If so, where:	

**III. Operation of the business**

	Yes	No	Not applicable
Do you possess a copy of Chapter 24 of the New Jersey State Sanitary Code regulating the retail provision of food, (N.J. A.C. 8-24-1 et. seq) that you have read and are familiar with?			_____
Are accurate thermometers provided and used to monitor potentially hazardous food temperatures?			
Is adequate refrigeration capable of maintaining food temperatures of 41 degrees F. or less provided for perishable and potentially hazardous foods (i.e. meats, meat products, fish, poultry, dairy products, produce, etc.)			
Have you ever been denied or had a food handling license revoked?			

**IV Sources of food**

Furnish the name and address of the processor or manufacturer of:

Milk:

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Ice:

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Ice Cream:

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Furnish the name and address of wholesale or retail suppliers of food to be used or sold from your mobile unit:

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Provide the name and address of the licensed wholesale or retail food establishment or commissary which serves as the base of operations for your business:

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**V About the Vehicle**

Is the vehicle for which the license is requested owned, leased, subleased, or rented?

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Vehicle owner:

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Description of vehicle:

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Vehicle plate number:

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***VI About the vehicle operator/foodhandler***

Name and address of the vehicle operator/foodhandler	

***VII List of stops in Hanover Township (Whippany, Cedar Knolls, Morristown Airport)***

Please provide the names, addresses and times of the itinerant stops in Hanover Township

Business Name	Business Address	Time

***Certification of Application***

In consideration of the issuance of such license, the applicant agrees to comply at all items with State Statutes, the Code of the Township of Hanover, and all rules and regulations of the State of New Jersey and the Township of Hanover Health Department governing the operation of an itinerant retail food establishment.

The applicant certifies that to his knowledge, the above information is true and accurate. The applicant further agrees to immediately inform the Township of Hanover Health Department of any contemplated change of the above stated information, or in the operation of food handling practices of the business.

This license, if granted, is issued upon the express condition that the same is subject to forfeiture or revocation in the event that the applicant or operator shall violate any of the agreements herein set forth.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Title of Applicant