



**FRANKFORD TOWNSHIP
151 US HWY 206
AUGUSTA, NJ 07822**

APPLICATION TO OBTAIN A MOBILE RETAIL VENDOR PERMIT

Owner: _____ Phone No.: _____

Business/Vendor Name: _____

Mailing Address: _____

Proposed Location Of Mobile Retail Vendor: _____

Frankford Township Board of Health Temporary Retail Food Permit # _____

Frankford Township Fire Safety Permit #: _____

Please Attach the Following Information to Your Application:

- Written Consent from Property Owner (Form on Our Website)
- Licensing Fee Of \$50.00 Made Out to Frankford Township
- Sussex County Department of Health Permit
- Certificate of Registration: by New Jersey Division of Taxation
- Proof of Insurance: General Liability
- Proof of Insurance for Mobile Unit: Motor Vehicle Insurance

This license is valid for the calendar year in which it was issued. A duplicate of this permit application has been sent to the Sussex County Department of Health.

FOR OFFICE USE ONLY:

RECEIVED: _____

CHECK #: _____

APPROVAL/DENIAL DATE: _____