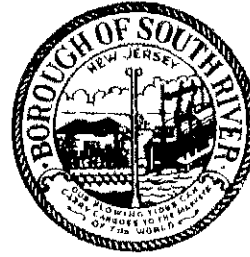


BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



**APPLICATION FOR LICENSE REGULATING
MOBILE RETAIL FOOD ESTABLISHMENT**

ALL LICENSES SHALL EXPIRE ON DECEMBER 31 OF THE YEAR IN WHICH ISSUED

The undersigned hereby makes application for a license under the above entitled ordinance and makes the following representations:

1. Name, type of business entity (i.e. LLC, LLP, etc.)

Tax ID or Social Security # _____

2. Applicant's name (if corporation, give names and addresses of president and secretary; if a partnership, give names and addresses of all partners)

3. Present residence address and address of business if different

Residence over the past five years (if individual)

4. Home Telephone Number: _____ Cell Number: _____
Business Number: _____

5. Location or route within the Borough where the business is to be conducted.

6. Addresses and municipalities in which the business has operated for the past five years

7. Nature of business:
