



Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 x183

FAX: (908) 526-7027

www.branchburg.nj.us

OFFICE OF THE HEALTH OFFICER

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION - MOBILE UNITS -

Name of Mobile Establishment: _____

Name of Establishment where food is prepared: _____

Address of Establishment where food is prepared: _____

Contact Name: _____

Home Phone: _____

Cell Phone: _____

Fax Number: _____

Email Address: _____

Name of Agent: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Fax Number: _____

Email Address: _____

Mobile Unit License Plate #: _____

License Fee:	\$125
Re-inspection Fees:	\$250
Unsatisfactory	\$500

Make Checks Payable to: Branchburg Township

Mail Payment and Completed Application to:

Township of Branchburg, Health Department, 1077 US Highway 202 North, Branchburg, NJ 08876

Phone: 908-526-1300 x183 // Fax: 908-526-7027

health@branchburg.nj.us

Re-inspection fees (BH-99-51)

A re-inspection fee shall be paid within five (5) business days after the re-inspection each time the owner or operator of any retail food establishment fails to receive a satisfactory rating from the Branchburg Township Board of Health.

For Ice cream Trucks Only Prior to approval from the Board of Health

- A Peddlers Permit must be obtained from the Township Clerks' Office. Please call 908-526-1300 x104 to make these arrangements. **AND**
- The vehicle must be inspected and approved by the Branchburg Police Department. The Township Clerks' Office will make these arrangements.

“THE UNDERSIGNED AGREES TO OPERATE THE AFOREMENTIONED FOOD ESTABLISHMENT IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL LAWS AND REGULATIONS.”

Name & Title: _____

Signature: _____

Date: _____



TOWNSHIP OF BRANCHBURG
OFFICE OF THE HEALTH OFFICER
RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION MOBILE UNITS
PAGE 2 of 2

Please indicate below your stops and time schedule. This must be submitted with your application and application fee.

Name

Address

Day and Time schedule

THE NAME OF THE OWNER MUST BE POSTED ON THE DOOR OF THE VEHICLE.

For Office Use Only

Check #: _____ Date Received: _____ License #: _____

Peddlers License: Yes No

Police Dept. Inspection: Yes No