



TOWNSHIP OF MIDDLE
OFFICE OF TOWNSHIP CLERK/ADMINISTRATION
33 MECHANIC STREET
CAPE MAY COURT HOUSE, NEW JERSEY 08210
Office: 609-465-8721

APPLICATION FOR MOBILE FOOD VENDOR
(Ordinance 1687-23)

SECTION I OWNER INFORMATION

Owner Full Name (PRINTED): _____
(First) (MI) (Last)

Name of Business: _____

Home Address: _____

City State Zip

Mailing Address: _____

City State Zip

Phone Number Email Address

SECTION II VEHICLE INFORMATION

* Please complete for each vehicle listed for license.

Vehicle Make _____ Model _____

Year _____ Vin No. _____

Insurance Company: _____

Address: _____

Policy Number: _____ Expiration Date: _____

*This application shall include the following information attached hereto:

1. Copy of Vehicle Title
2. Proof of Registration
3. Proof of Inspection
4. Proof of Vehicle Insurance
5. Board of Health Inspection
6. Certificate of Insurance (listing Middle Township as additional insured)

Township Check List

- Copy of Vehicle Title
- Proof of Registration
- Proof of Inspection
- Proof of Vehicle Insurance
- Board of Health Inspection
- Certificate of Insurance (listing Middle Township as additional insured)

Payment

License Fee: **\$75.00**

- Check
- Cash
- Credit Card

Initials: _____

Date Received: _____