

**Fee: \$200.00**

**2008**

Vending Truck License # \_\_\_\_\_

Date \_\_\_\_\_

**BOROUGH OF HAWTHORNE**

**BOARD OF HEALTH**  
445 Lafayette Avenue  
Hawthorne, N J 07506  
973-427-4011/4012

Form must be filled in completely before a license can be issued. **PLEASE PRINT!!!!!!!!!!!!**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone # \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

Business Owner Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_

- List below names of dealers who make deliveries to your store
- Mobile trucks must list names of industries served

DEALER NAME	ADDRESS	PRODUCT _____
<u>1.</u>	_____	_____
<u>2.</u>	_____	_____
<u>3.</u>	_____	_____
<u>4.</u>	_____	_____
<u>5.</u>	_____	_____
<u>6.</u>	_____	_____
<u>7.</u>	_____	_____

**LICENSES ARE NOT TRANSFERABLE AND MUST BE RENEWED EACH YEAR BEFORE JANUARY 31<sup>ST</sup>.**

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

Date \_\_\_\_\_

FILE:Application-annual license