Monroe Township Application for Mobile & Hot Dog Wagon

Fee: \$100.00 () Seasonal () Mobile	() Station	ary must be approv	ed by Zoning Officer
Name of Applicant/Owner			
Address:			
Telephone No Cell I	Phone No		
Required if Stationary Vendor:			
Property Location:	Lot:	Block	
Name & Address of Property Owner:			
IF OPERATOR OTHER THAN OWNER, KINDLY COM	IPLETE THE FOL	LOWING INFORMAT	TION
Operator:			
Address:			
Type of Vehicle to be used: Check one: Cart () Truck () Trailer ()	
*Please attach or present a COPY OF A VALID CER condition of the issuance of a Municipal License.	RTIFICATE OF A	UTHORITY to collect	t sales tax as a
The Permit is subject to suspension/revocation if operator, is now or becomes a hazard or nuisance			
	Signat	ure:	
	Date:		
FOR OFFICE U			
Certificate of Sales Tax Authority Submitted		Yes ()	
Health Dept. Inspection Certificated Rec'd.		Yes ()	
Traffic & Safety Vehicle Inspection Clearance		Yes ()	` '
Notarized Consent Letter of Property Owner		Yes ()	No ()
Zoning Officer:			
Jim Long Health Inspector:			
License No License Expires Date	Issued	Fee Paid C	K#Cash