



SPRINGFIELD TOWNSHIP

2159 Jacksonville-Jobstown Road
Jobstown, New Jersey 08041
Phone: (609) 723-2464
Fax: (609) 723-6591

Clerk/Land Use ext. 10
Police ext. 13
Tax Collector ext. 14
Tax Assessor ext. 19
Construction/Zoning ext. 21
Manager ext. 22

APPLICATION FOR A MOBILE FOOD FACILITY

DATE OF APPLICATION: _____

LOCATION WHERE ACTIVITY WILL TAKE OCCUR: _____

DATE: _____ TIME: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR PHONE #: _____

OWNER NAME/ADDRESS: _____
(if different from Vendor) _____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of Chapter 127 "Mobile Food Facilities" and Springfield Township Ordinance No. 2021-01 Amending the Township Code of the Township of Springfield concerning "Mobile Food Facilities and have obtained all required licenses from the Burlington County Board of Health.

Applicant Signature

Municipal Official's Signature

Approved _____ Denied _____

Date: _____

A copy of the current Burlington County Board of Health certificate and signed authorization from the property owner where the food truck will be located must be supplied with this application. Fee for application is \$10 (ten) dollars.



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AUTHORIZATION OF PROPERTY OWNER RELATED TO APPLICATION FOR A MOBILE FOOD FACILITY

I hereby authorize _____ to park a Mobile Food Truck on my
(Name of Vendor)

property located at _____
(Address and Block and lot)

On the date(s) of _____
for the hours of _____.

I hereby agree to allow the above referenced Vendor to park and operate a Mobile Food Truck on my property in compliance with the applicable requirements of Chapter 127 "Mobile Food Facilities" and Springfield Township Ordinance No. 2021-01 Amending the Township Code of the Township of Springfield concerning "Mobile Food Facilities."

Property Owner:

Print Name of Property Owner

Signature of Property Owner

Date: _____

Witness:

Print Name of Witness

Signature of Witness

Date: _____