

## INSTRUCTIONS FOR APPLICATION COMPLETION

### Mobile Retail Food Establishments

If you *serve* food to the public, you are required by state law to have an approval from the local health department **prior** to operating. It does not matter if the food is sold or given away, you **must** have an approval.

A **Mobile food establishment** is any movable restaurant, truck, van, trailer, cart, bicycle, watercraft, or other movable unit including hand carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations. A *temporary* food establishment operates for no more than 14 consecutive days in conjunction with a single event or celebration. A *seasonal* food establishment operates during specific months of the year, usually weather related, as designated by the operator on the application. An *annual* food establishment operates on a routine schedule year round. Fees for food application and inspection are dependent upon what county your business is located. Contact your local health department for more information.

#### PAGE 1, PART 1: TO BE COMPLETED BY FOOD VENDOR

##### Mobile Vendor Business Information

**Trading Name:** Write the trade name that identifies the mobile facility.

**Owner/Corporation Information:** Provide *Name, Street location, Mailing Address, Home/Cell/Fax Numbers, Email* for the responsible individual of the mobile retail food business. Indicate the *Contact person*, the person who is most knowledgeable about food operations, their *Phone/Cell Numbers and Email*.

##### Type of Mobile Unit

Provide this basic information about the general type of mobile unit you have such as a vehicle, cart, tabletop/tent, etc

**Sanitation/Personal Hygiene & Other Equipment:** Using the chart, check ALL the equipment necessary to prevent food contamination that is part of your mobile unit for *sanitation, personal hygiene and other equipment*. You may write in items that are utilized but not listed in these sections. Ensure that you have all the necessary equipment to store clean water, dispose of wastewater, provide running water, properly clean hands and surfaces often, prohibit staff from touching foods with their bare hands that don't require additional cooking (Ready-to-Eat food), protect foods in storage, separate raw meats and eggs while being stored and thermometers to monitor temperatures of food and units.

##### Mobile Food Unit Operation Schedule

List ALL physical *vending locations/event information and the months/days/times* you intend to serve food. Provide *Names of Events, Days/Times* operating at event & *Event Contact Person Name/Phone#/Email*. You must ensure that the application is as complete as possible. The more information you supply on the application, the better. However, if you want to add a location, event or make any other changes to your initial application, contact the local health department in the area of the vending location to obtain and complete an amendment form for the changes or added information. Any changes in your operation must be reported to the health department immediately. Also remember that each *municipality* within each county has separate and unique requirements; vending permits may also be required.

#### PAGE 2, PART 1: TO BE COMPLETED BY FOOD VENDOR

##### Description of Food Operation (including MENU-FOOD SOURCE-EQUIPMENT-PREPARATION-HANDLING-STORAGE):

List ALL food & drink that you plan to serve. If you need additional forms, make copies or contact the health department for additional forms. Once the food items are listed, fill-in ALL boxes across the grid row for that food item such as listed raw animal or plant ingredients, where the item was purchased and prepared, how the item is cooked, cooled, held hot, reheated and/or held cold. Include an English translation when necessary; please notify the local health department if you need help with translations. **\*FOOD CANNOT BE PREPARED FROM HOME!!!!** It is important to have receipts onsite for all food items that you buy. Also, monitor food temperatures and storage units at all times using thermometers!!!! Ensure that you cook potentially hazardous food (containing raw animal or plant ingredients) to proper temperature (PHF is food that requires temperature control because it can grow bacteria, toxin and other microorganisms (germs) that cause illness), maintain foods at refrigerated temperatures of 41F or below or keep foods hot at 135F or above and separate raw meats and eggs from while being stored so you don't cross contamination.

#### PAGE 3, PART 2: TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

In order to obtain a mobile food approval, the mobile facility must operate from an approved fixed food establishment referred to as a *servicing area*. Mobile facilities must have an agreement with approved servicing area with a current health department approval. A home kitchen is NOT an approved servicing area.



**Servicing area business information:** Provide the *Trade Name* that identifies the servicing area, the *Sale Tax ID#* (see bottom of page for more information on sales tax), *Owner/Corporate Name* and *Physical Address and Phone#*. Provide the last inspection date conducted by the local health department. A copy of the most current inspection report is required if the servicing area is NOT inspected by the local health department where mobile application is being made.

**I provide what foods for the mobile unit:** Check all boxes that pertain to the foods *your business provides* to the vendor.

**I provide what services for the mobile unit:** Include all the ways and in what capacity your facility accommodates the mobile vendor's operation by checking all boxes that apply. Is the mobile vendor preparing food at your facility? Storing food (dry goods, grocery, cold foods in refrigerator)? Storing utensils & equipment? Returning to your facility to use the 3 compartment sink for wash/rinse/sanitizing food contact surfaces of equipment and utensils? Disposing of trash, wastewater or grease? Park their mobile unit at your facility? Plug their mobile unit into electric at your facility?

**What days and times does the mobile vendor report to my facility:** You have indicated in the last 2 sections how the mobile vendor will be utilizing your facility, in this section, you must indicate the days and times of the week when the vendor has access to your facility. In making these arrangements, consider when the mobile vendor can come into your facility without interrupting your retail food operations for your business. Consider the vendors food & equipment storage needs, food prep time, and cleaning/sanitizing needs both during and at the end of their proposed workday.

**Certification/signature:** Read this section carefully and sign that you understand your role in the mobile food operations and have provided correct information. The agreement between the mobile vendor & servicing area is part of the application approval and grants approval for specific days, times & location of food operations at the servicing area and vending locations. Both parties have the obligation to notify the health department when servicing area, vending locations, set-up, menu, staff or any other changes are made from the approved application.

**PAGE 4, TOP SECTION: REQUIRED ATTACHMENTS (BOTTOM SECTION: HEALTH DEPT/OFFICIAL USE ONLY)**

**NJ Certificate of Authority (Sales Tax Registration)** NJ law requires anyone including all vendors, even seasonal businesses and "one-time" vendors, who makes retail sales and therefore conducts business in NJ to register with the State for tax purposes at least 15 business days before starting business and to collect NJ sales tax on all sales of taxable tangible personal property or services. There are no special provisions for temporary vendors. Once registered, you must file all required returns until you properly end your tax registration with NJ. To obtain a NJ Sales Tax ID#, you can register online or file a paper application. File Form NJ-REG (Business Registration Application) to register with the State and to obtain a NJ Tax ID #. For additional information on registering your business contact the NJ Dept. of Taxation at 609-292-6400, email [nj.taxation@treas.state.nj.us](mailto:nj.taxation@treas.state.nj.us) or visit [www.state.nj.us/treasury/revenue/gettingregistered.shtml](http://www.state.nj.us/treasury/revenue/gettingregistered.shtml)  
Publications: <http://www.state.nj.us/treasury/taxation/publsut.shtml>

**Driver's License and Vehicle Registration:** Copies required for ALL operators of the mobile unit, regardless of what type of unit. This information is required in compliance with NJ Division of Motor Vehicle (NJDMV). The Vehicle Identification Number (VIN) that is inscribed on the vehicle must match the number located on the vehicle registration card.

**Floor Plan:** Sketch/layout/photo diagram of your operation. Draw/print/photo of the arrangement of all equipment & food preparation areas. Include restroom.

**Water Testing Records:** NJ State certified laboratory results for water utilized for food operations.

**Food Protection Managers Certification:** If you are classified as a Risk Type 3 food facility, one that prepares and serves Potentially Hazardous Foods (raw animal/plant products), serves a susceptible population *or* has a large menu which requires the complex preparation including cooking, cooling & reheating of 3 or more potentially hazardous foods, you must have at least one person in charge (PIC) of the facility operations to be certified as a Food Manager (CFM). If you are operating a risk class 2 unit in Vineland, one Person in charge must hold a food safety certificate from the Vineland Health Department or equivalent.

**Servicing Area's Last Inspection Report:** Provide a copy of the last inspection report for the servicing area. This must be the full report, not just the placard. IF the servicing area is inspected by the same health department to which you are submitting the mobile food establishment application, no report is necessary.

**Mobile and Temporary Event Operators Steps for Approval**

**Are you applying for a year round  
or seasonal approval to operate?**

**Yes**

**No- temporary event only**

1. Apply for a peddler's permit from Licenses and Inspections. If you have a State Peddler's license, please give L and I a copy of that license. (Longest wait for approval)

2. Complete the Mobile Retail Food Establishment application at the Health Department where your servicing area is located. If not in Vineland, have the Health Department send it to us. Application must include:

\_\_\_ Complete menu (page2)

\_\_\_ Location of servicing area (page 3)

\_\_\_ Copy of your driver's license

\_\_\_ Copy of the vehicle registration (if one is used for the operation)

\_\_\_ Copy of Certificate of Authority (sales tax registration- some foods are exempt)

\_\_\_ Sketch of unit or layout

\_\_\_ Copy of food safety training certificate.

3. Apply for a retail food license (if you will be operating in Vineland)

4. Schedule a pre-open inspection with the Health Department.

5. Operate once the retail food license is approved.

6. Complete and return the application every year to update information.

7. Provide an amendment form to this department whenever you change your menu, servicing area, or set-up.

For forms: [www.vldhealth.org/Environmental Health/Food Safety/Mobile Food Vendors](http://www.vldhealth.org/EnvironmentalHealth/Food%20Safety/Mobile%20Food%20Vendors)

1. Complete the Mobile Retail Food Establishment application at the Health Department where your servicing area is located. Application must include:

\_\_\_ Complete menu (page2)

\_\_\_ Location of servicing area (page 3)

\_\_\_ Copy of your driver's license

\_\_\_ Copy of the vehicle registration (if one is used for the operation)

\_\_\_ Copy of Certificate of Authority (sales tax registration- some foods are exempt)

\_\_\_ Sketch of unit or layout

\_\_\_ Copy of food safety training certificate.

2. Apply for a temporary event license.

3. Schedule a pre-open inspection with the Health Department.

4. Operate once written approval is given by this department.

5. Submit amendment forms and update license for each additional special event in that calendar year.

6. Submit new applications for additional calendar years operating in Vineland.

**DEADLINES for Temporary Event Applications:**

-**Operator** using a servicing area not owned by them must submit a properly completed application at least 2 full weeks before event.

-**Vineland licensed retail food businesses** must submit a properly completed application at least 2 full working days prior to the event. (For weekend events, deadline is Wednesday by 5 pm)

-**Amendments** from vendors who already have current year applications approved must be received at least one full working day prior to the event. (Thursday at 5 pm for weekend events)



## Application for RETAIL FOOD ESTABLISHMENT LICENSE

Administered by: Vineland Health Department (856-794-4131)

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ NJ Tax ID # \_\_\_\_\_

Name of Business (Trade Name) \_\_\_\_\_

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

Phone # of Business \_\_\_\_\_

License Plate (if mobile unit) \_\_\_\_\_ State \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Officers (if owner is a Corporation or LLC) \_\_\_\_\_

Address of Owner \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Emergency Phone Number of Owner/Manager \_\_\_\_\_

### **Fee Schedule - Please check the appropriate box.**

(See back of application for explanation of categories.)

☐ Risk Type 1 Facility - \$175

☐ Risk Type 2 Facility - \$275

☐ Risk Type 3 or 4 Facility  
Sub-category A - \$475  
Sub-category B - \$1450

☐ Supermarket  
Risk Type 2 - \$650  
Risk Type 3 - \$1575

☐ City facility - \$0

In consideration of the granting of such license, I hereby agree to maintain and conduct said place of business in strict accordance with the provisions of applicable Ordinances of the City of Vineland.

\_\_\_\_\_  
(Signature of owner or Designated Agent)

\_\_\_\_\_  
(Address of applicant)

\_\_\_\_\_  
(Telephone number of applicant)

☐ Mobile Unit

Risk Type 1 - \$80

Risk Type 2 - \$120

☐ Temporary food operation  
\$100 for first day/year

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\$5 per day thereafter

Total # of days \_\_\_\_\_

### *For Official Use Only*

Date Approved \_\_\_\_\_

License # \_\_\_\_\_

\_\_\_\_\_  
Health Officer

\_\_\_\_\_  
REHS



## Fee Schedule Explanation

(Risk Type can also be found on your routine inspection report - upper right hand section.)

**"Risk type 1 food establishments"** are those establishments that do not store or serve any potentially hazardous foods. They include, but are not limited to: snow cone carts, liquor stores, and candy stores.

**"Risk type 2 food establishments"** store, sell or prepare potentially hazardous foods, Risk type 2 establishments have limited menus and do not cool more than 2 potentially hazardous foods. Risk 2 establishments may include, but are not limited to: dollar stores, grocery stores; bakeries; schools that do not serve a highly susceptible population; and quick service operations.

**"Risk type 3 food establishments"** have an extensive menu which requires the handling of raw ingredients; and is involved in the complex preparation of menu items that includes the cooking, cooling, and reheating of at least three or more potentially hazardous foods; or prepare and serve food for a highly susceptible population. Such establishments may include, but are not limited to: full service restaurants; diners; bakeries; delis; commissaries; catering operations; hospitals, nursing homes, and preschools preparing and serving potentially hazardous foods.

**"Risk type 4 food establishments"** are retail food establishments that conduct specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation, or any reduced oxygen packaging intended for extended shelf-life.

**Sub-category A for risk type 3 or 4 includes:**

Bakeries  
Restaurants (1 to 100 seats)  
Long-term care facilities/Assisted Living  
Healthcare facilities (less than 5,000 square feet)  
Day Care Centers  
Education Facilities  
Other: Grocery stores, delis, etc.

**Sub-Category B for risk type 3 or 4 includes:**

Restaurants (101 seats or more)  
Healthcare facilities (over 5,000 square feet)

**Supermarket-** A self-service store, larger in size and with a wider selection than a traditional grocery store, offering a wide variety of food merchandise, organized into departments: such as meat, dairy, produce, and baked goods along with shelf space reserved for canned and packaged goods as well as for various non-food items such as household cleaners, pharmacy products and pet supplies.

**Temporary food establishment-** A retail food operation that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

**City-owned and operated facility-** such as the fire halls and Senior Center.

**Return Application to:**

Vineland Health Department, 640 E. Wood St., PO Box 1508, Vineland, NJ 08362-1508

Submittal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

☐ SEASONAL    ☐ ANNUAL    ☐ TEMPORARY

### PART 1 TO BE COMPLETED BY FOOD VENDOR

#### MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor: \_\_\_\_\_  
 Owner/Corporation: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: (if different) \_\_\_\_\_  
 Home Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)

☐ Push Cart ☐ Tabletop/Tent ☐ Food Preparation Vehicle ☐ Trailer ☐ Refrigerated Vehicle ☐ Other:

Sanitation/Personal Hygiene	Other Equipment
<input type="checkbox"/> Hot/cold Running Water	<input type="checkbox"/> Trash Container
<input type="checkbox"/> Freshwater Container _____ gals	<input type="checkbox"/> Sneeze Guards
<input type="checkbox"/> Wastewater Container _____ gals	<input type="checkbox"/> Extra Utensils
<input type="checkbox"/> Hand Sink w Warm Running Water	<input type="checkbox"/> Covered Containers
<input type="checkbox"/> Insulated Container w Free Flow Spout	<input type="checkbox"/> Foil, Plastic Wrap
<input type="checkbox"/> 3 Compartment Sink w hot/cold running water	<input type="checkbox"/> Thermometers
<input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer	<input type="checkbox"/> Sanitizer/test kit
<input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap	<input type="checkbox"/> _____

#### MOBILE FOOD UNIT OPERATION SCHEDULE (CHECK/LIST ALL THAT APPLY)

Where will you serve food: \_\_\_\_\_  
 Months: ☐ Events Only (see below) ☐ Every Month of Yr ☐ Selected Months (circle): J-F-M-A-M-J-J-A-S-O-N-D  
 Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday  
 Times of Operation: M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

#### *If Temporary/Special Event(s):*

Name of Event(s): \_\_\_\_\_  
 Days & Times at the Event: \_\_\_\_\_  
 Event Contact Person: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone#: \_\_\_\_\_





640 EAST WOOD ST  
VINELAND, NJ 08360

HEALTHDEPARTMENT@VINELANDCITY.ORG

[illegible]

MOBILE UNIT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART 2 TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER**

**SERVICING AREA BUSINESS INFORMATION**

Trading Name of Servicing Area _____	Sales Tax ID# _____
Owner/Corporate Name _____	
Address: _____	
Last Inspection Date _____	Phone # _____

**I PROVIDE THE FOLLOWING *FOODS* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Packaged Foods	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Prepared Hot Foods
<input type="checkbox"/> Raw Fruits and Vegetables	<input type="checkbox"/> Beverages	<input type="checkbox"/> Ice for Consumption
<input type="checkbox"/> Prepared Cold Foods	<input type="checkbox"/> Raw Meats and/or Seafood	<input type="checkbox"/> Other _____

**I PROVIDE THE FOLLOWING *SERVICES* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Space for the mobile vendor/operator to prepare food at my servicing location
<input type="checkbox"/> Space for the mobile vendor/operator to store the mobile unit at my servicing location
<input type="checkbox"/> Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area
<input type="checkbox"/> Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
<input type="checkbox"/> Refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc)
<input type="checkbox"/> Storage of non-hazardous foods, utensils & equipment
<input type="checkbox"/> 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
<input type="checkbox"/> Trash and garbage disposal
<input type="checkbox"/> Waste water disposal
<input type="checkbox"/> Grease/oil disposal

**THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Beginning of the day Time _____	<input type="checkbox"/> End of the day Time _____	<input type="checkbox"/> Other _____ Time _____
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday		

**I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a "servicing area") and that all mobile units/vehicles return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.**

**AND**

**I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited as per N.J.A.C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.**

Servicing Area Owner/Operator (print) _____	Date _____
Servicing Area Owner/Operator (signature) _____	
Mobile Owner/Operator (print) _____	Date _____
Mobile Owner/Operator (signature) _____	



MOBILE UNIT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

- ☐ Copy of *New Jersey Certificate of Authority* for mobile vendor/company (sales tax document)
- ☐ Copy of *Driver's License* (for all mobiles regardless of type of unit)
- ☐ Copy of *Vehicle Registration* (for all mobiles using a street licensed unit)
- ☐ *Floor Plan*: sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- ☐ *Water Testing Records* (private wells only, if not already provided to the Health Department)
- ☐ Copy of *Food Protection Managers Certification*, required for all Risk 2 or higher operations
- ☐ Copy of *Servicing Area's Last Inspection Report* if NOT inspected by the THIS Health Dept.

**ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)**

**BELOW SECTION IS FOR OFFICIAL USE ONLY:**

**APPROVED: DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_  
Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)  
Approval Restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Inspector: \_\_\_\_\_ Approval Effective Date: \_\_\_\_\_

**DISAPPROVED: DATE:** \_\_\_\_\_  
Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)  
Reasons for disapproval:

\_\_\_\_\_  
\_\_\_\_\_

Inspector: \_\_\_\_\_

**Mobile Retail Food:** Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self contained mobile unit inspections are conducted at the health department's choice or at your servicing area. Application approvals will be valid until December 31, 2018.

**Temporary Event Retail Food Establishment:** A mobile retail food establishment that operates for a period of **no more than 14 consecutive days** in conjunction with a single event or celebration. This application must be submitted and approved at least 7 days prior to the event. An on-site inspection at the event is performed one hour prior to the start of the event. Approvals expire in 14 days or at the end of the event. An application amendment may be submitted for future events.

**FEES: \$25 FOR PLAN REVIEW APPLICATION PLUS LICENSE FEE. (SEE APPLICATION)**  
**NOTE: PEDDLER'S LICENSES ARE REQUIRED IN VINELAND. SEE OFFICE OF LICENSE AND INSPECTION TO APPLY FOR A PEDDLER'S LICENSE.**