

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

- ☐ Hot/cold Running Water
☐ Freshwater Container _____ gals
☐ Wastewater Container _____ gals
☐ Hand Sink w Warm Running Water
☐ Insulated Container w Free Flow Spout
☐ 3 Compartment Sink w hot/cold running water
☐ Buckets/Spray Bottles w/Sanitizer
☐ Gloves ☐ Paper Towels ☐ Soap

Other Equipment

- ☐ Trash Container
☐ Sneeze Guards
☐ Extra Utensils
☐ Covered Containers
☐ Foil, Plastic Wrap
☐ Thermometers
☐ Sanitizer/test kit
☐ _____

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#: _____

DESCRIPTION OF FOOD OPERATIONS: MENU ITEMS-SOURCE-PREP-HANDLING-STORAGE-EQUIPMENT

NO HOME PREPARED FOODS ALLOWED!! TAKE TEMPERATURES!! YOU MUST HAVE RECEIPTS ONSITE FOR ALL FOOD ITEMS YOU BUY! (copy if additional forms are needed)**

List EVERY Food & Drink & how many servings of each item	IF this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE & ADDRESS	Prepared at Vending Site (V) or Servicing Area (SA)?	Cooked at Vending site (V) or Servicing Area (SA)?	How do you COOK this food item? List EQUIPMENT USED & POWER SOURCE	How do you quickly cool the food item? List COOLING EQUIPMENT USED & POWER SOURCE	How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED & JPOWER SOURCE (No Sternos)	If reheating item for hot holding, list REHEATING EQUIPMENT USED & POWER SOURCE	How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED & POWER SOURCE
Example: Chicken Tenders, 5 0	Raw Chicken	XYZ Butcher Shop, #Landis Ave XYZ City, NJ	SA	SA	Oven, Natural Gas	Walk-in Refrigerator, Electric	N/A	N/A	Refrigerator, or Electric

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 RETURNS 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) _____	

- ☐ 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.

MOBILE UNIT NAME _____ DATE: _____

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, 2019.

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.