CITY OF VINELAND
WHERE IT'S ALWAYS GROWING SEASON

City of Vineland Health Dept.
Retail Food Program
www.vinelandcity.org

640 E. Wood Street
PO Box 1508
Vineland, NJ 08362-1508
Phone: (856) 794-4131
Fax: (856) 405-4608

Mobile Vendor Name: _____

Temp Event: ☐ Year-Round: ☐

Mobile Vendor Application

If you serve food to the public, for profit or for free, you are required by state law to have an approval from the local health department prior to operating.

A Mobile food establishment is any movable restaurant, truck, van, trailer, cart, tabletop, 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.

You must come prepared on the day of your pre-opening inspection. If your documentation is incomplete, your unit is not operating as intended or necessary equipment/supplies/ utensils are not provided, we will not conduct the pre-opening inspection. You will need to return and begin the entire pre-opening inspection process again.

All food vendors with a current calendar year's mobile inspection report from any member of the South Jersey Mobile Alliance (Atlantic, Burlington, Camden, Cumberland, Gloucester, Salem, Vineland City) are NOT required to submit this application to the City of Vineland. A copy of the approved application and inspection report from the issuing county with a completed Mobile Retail Food Amendment Form will be accepted in lieu of this application.

Check with the local fire marshal and local officials for any additional permits you may need prior to operating in a specific municipality.

INSPECTION LOCATION AND FEE INFORMATION

Office Location:
Shall be conducted along the edge of the parking lot and the grassy area at City Hall or at the base of operation. The final location shall be discussed with the inspector when scheduling the inspection.

Office Hours:
Inspections can be scheduled between 9:00 am and 4:00 pm Monday through Friday

Fees: FEE IS NON-REFUNDABLE. Fees payable to *City of Vineland*; check, cash, or money order

Plan Review Fee (Initial): $25

N.J.A.C. 8:24 requires that a food establishment submits plans and specifications prior to operation. Applications will not be accepted or approved until all items below are submitted and the fee is received.

- ☐ Mobile Vendor Business Information
- ☐ Description of Operations
- ☐ Intended Menu
- ☐ Servicing Area Information
- ☐ Floor Plan
- ☐ Training Plan Affidavit
- ☐ Water Testing Records for Servicing Area (private wells only)
- ☐ Copy of New Jersey Certificate of Authority (sales tax document)
- ☐ Copy of Driver's License
- ☐ Copy of Vehicle/Trailer Registration
- ☐ Copy of Food Protection Manager Certification or City of Vineland Food Safety Class (Risk 2 ONLY)
- ☐ Servicing Area's Last Inspection Report (if not inspected by this department)
- ☐ Copy of Peddlers Permit, contact 856-794-4000 ext. 4078. (if required)
- ☐ If open flame or flame producing devices or applications are used or grease- laden vapors are produced, you must contact Fire Prevention at 856-794-4000 ext. 4747

Mobile Vendor Business Information

Trading Name of Mobile Vendor:		**Sales Tax ID:**
Owner/Corporation:		
Street Adress:		
State:	**City:**	**Zip Code:**
Contact Person Name:		**Phone:**
Email:		
Type of Mobile Unit: Pushcart ☐ Tabletop/Tent ☐ Trailer ☐ Truck ☐ Other _____		

I hereby acknowledge that I have read, understood, and agree to comply with all the requirements, including but not limited to, what is outlined in this application. I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I am also aware that the final approval of my mobile unit will be subject to the health authorities' review and approval. Furthermore, I certify that I, along with my employees, have been educated on and will abide by all food safety regulations as outlined in N.J.A.C. 8:24.

Print:_____ **Date:** _____

Signature: _____

Description of Operations:

Check all equipment that apply to your unit:

- ☐ Hot/cold running water
- ☐ Hand sink with free-flowing water
- ☐ Dish washing machine/three compartment sink
- ☐ Sanitizer test strips
- ☐ Buckets/spray bottles with sanitizer
- ☐ Insulted container with free-flowing water (tabletops/tents only)
- ☐ Fresh water container____gallons
- ☐ Gloves, paper towels, soap
- ☐ Trash containers
- ☐ Wastewater container____gallons
- ☐ Extra utensils
- ☐ Covers for all containers
- ☐ Thermometers

Anticipated Mobile Food Unit Schedule:

Months operating:

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Days of operation: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Check the jurisdictions your business plans to vend in that participate in the SJ Mobile Alliance:

- ☐ Atlantic County
- ☐ Burlington County
- ☐ Camden County
- ☐ Cumberland County
- ☐ Gloucester County
- ☐ Salem County
- ☐ Vineland City
- ☐

Year round and temporary units must fill out the chart below.				
Name of Event/Market/Street/Public Area	Date(s)	Location	Contact for event/market:	Event/market contact email:

Intended Menu:

Will you be doing any of the following?
*If **yes** to any of the below, attach policy and procedures*

☐ Yes ☐ No	Reduced oxygen packaging (vacuum sealing), smoking or curing of foods, fermentation, acidification of food, etc
☐ Yes ☐ No	Raw Shellfish: Mussels, clams, etc.
☐ Yes ☐ No	Preparing food that calls for raw eggs (Caesar dressing, hollandaise, tiramisu, etc.)
☐ Yes ☐ No	Cooking food in advance and cooling or reheating food item

List EVERY food, drink & topping & how many servings of each item	If an item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE & CITY *Receipts must be available upon request*	Prepared at vending site(V) or servicing area (SA)?	Cooked at vending site(V) or servicing area (SA)?	How do you keep the food item cold? List cold holding equipment used & the power source	How do you keep the food item hot? List hot holding equipment used & the power source (No Sternos)

Attach additional forms as needed

THIS PAGE IS TO BE COMPLETED BY THE SERVCING AREA OWNER

Mobile Unit Business Name:		
Business Name of Servicing Area:		**Sales Tax ID:**
Street Adress:		
City:	**State:**	**Zip:**
Owner/Corporation Name:		
Phone:	**Last inspection date:**	

Using a private home for preparing, or storing food or equipment is prohibited

Provide a copy of last inspection report if establishment is NOT inspected by THIS department

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My establishment provides the following services AND/OR food for this mobile unit:

- ☐ Space for the mobile vendor/operator to prepare food
- ☐ Space for the mobile vendor/operator to store the mobile unit equipment
- ☐ Utility services (i.e., electric hook-up) for mobile unit while in storage
- ☐ Refrigeration storage of perishable and/or potentially hazardous foods food (raw fruits, vegetables, meat, dairy, etc.)
- ☐ Storage of non-hazardous foods, utensils and equipment
- ☐ Three-compartment sink/dish washing machine for wash, rinse and sanitizing of food contact surfaces
- ☐ Trash and garbage disposal
- ☐ Wastewater disposal
- ☐ Food source: _____
- ☐ Water source: _____
- ☐ Waste/Grease disposal source: _____

The mobile operator reports to my facility:

☐ **Monday**	☐ **Tuesday**	☐ **Wednesday**	☐ **Thursday**	☐ **Friday**	☐ **Saturday**	☐ **Sunday**
From:____ To: _	From:____ To: ____	From: ____ To: ____	From:____ To: ____	From:_ To: ____	From:____ To: ____	From:____ To: ____

By signing below:

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.

APPLICATION IS INCOMPLETE IF THIS AREA IS NOT SIGNED

Servicing Area Owner/Operator Print: _____
Date: _____

Servicing Area Owner/Operator Signature _____
Date: _____

Floor Plan:

All types of equipment should be labeled in the drawing/photo

Training Plan Affidavit

Below is a proposed program of training for the persons in charge and food employees pertaining to protecting public health and the safety and integrity of food in accordance with N.J.A.C. 8:24 which may include but is **not limited** to the items below. By signing, you agree to proceed with the outlined training plan. However, you are welcome to submit an alternative training plan for your business. Please review the details below and sign and return the document. Should you wish to propose any modifications, kindly submit your business's training plan.

- All operations pertaining to this mobile unit are done at a servicing area and not at a home
- Handwash station and proper hand washing
    - Examples: After touching body parts, after touching a phone, after touching money, before putting on gloves, after using the restrooms, when changing tasks, etc.
    - During operation, the hand wash station must be always set up and functional. Failure to do so will result in the mobile unit being shut down and food being discarded
- All employees shall be educated on employee policies and proper hand washing
- All food and equipment at an event is under the overhead protection to prevent contamination
- Thermometers and temperature logs are available
- Employees are trained on proper cooking temperatures (chicken, steak, pork, etc.)
- Cold food is kept at 41F or below at all times
- Hot food is served directly to customers or kept at 135F or above at all times
    - No sternos are to be used for hot holding
    - All hot food should be discarded at the end of the day

I hereby acknowledge that I have read, understood, and agree to comply with all the requirements, including but not limited to, what is outlined above. I am also aware that the final approval of my mobile unit will be subject to the health authorities' review and approval. Furthermore, I certify that I, along with my employees, have been educated on and will abide by all food safety regulations as outlined in N.J.A.C. 8:24.

Owner Signature Date

_____

Official Use Section Only

Approved Date:_____ Expiration Date: _____

Classified Risk Type:

☐ Risk 1 ☐ Risk 2

Base of Operation Risk Type:

☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 Explain: _____

Approval Restrictions:

_____
_____
_____
_____
_____
_____

Inspector: _____

Disapproval Reasons:

_____
_____
_____
_____
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_____

Disapproved Date: _____

Inspector: _____

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