



Date Received: _____

Application must be submitted at least 10 business days prior to proposed operation.

MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

SEASONAL ANNUAL TEMPORARY/SPECIAL EVENT

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: _____ | | |
| NJ Sales Tax Document Attached (Certificate of Authority): _____ | | |

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 (Towns/Counties): _____

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: _____



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 _____ Fax # _____
 Copy of last inspection report if establishment is NOT inspected by THIS Department of Health

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

Packaged Foods Water Supply Prepared Hot Foods Raw Fruits and vegetables
 Beverages Ice for consumption Prepared Cold Foods Raw Meats and/or Seafood
 Other _____

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

Space for mobile operator to prepare foods
 Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
 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)
 Storage of non-hazardous foods, utensils & equipment
 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
 Trash and garbage disposal
 Waste water disposal
 Grease/oil disposal

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

Beginning of the day End of the day Other _____
 Time _____ Time _____ Time _____
 Monday Tuesday Wednesday Thursday Friday Saturday 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.

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



MOBILE UNIT NAME _____ DATE: _____

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

This application must be submitted and approved at least 10 business days prior to the event

- 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 regardless of type of unit)
- Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- Water Testing Records** (private wells only)
- Copy of *Food Protection Managers Certification*, if required
- Employee Health & Hygiene Written Policy**-include instructions for hand washing, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
- Copy of **Servicing Area's Last Inspection Report** if NOT inspected by the THIS Health Dept.

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 your servicing area and at the vending location.

Application approvals [excluding temporary establishments (see below)] expire December 31st each year. A new application must be submitted and approved annually at least 10 business days prior to operation.

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 10 business days prior to the event.

Establishments are subject to on-site inspections at the event . Approvals expire in 14 days or at the end of the event. Application amendments may be submitted for future events within the same calendar yr.

FEES:

Fees may vary, please check with each Health Department covering the areas that you are vending.



Burlington County Health Department
15 Pioneer Boulevard, Westampton, NJ 08060
609-265-5515 / Fax: 609-265-5541 www.co.burlington.nj.us

MOBILE UNIT NAME: _____ DATE: _____

SKETCH/ LAYOUT/ FLOOR PLAN BELOW: