

Submittal Date [Click here to enter a date.](#):



Gloucester County Department of Health, Senior & Disability Services
 204 E. Holly Avenue
 Sewell, NJ 08080
 (856) 218-4170 * (856) 218-4161

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 NJ Sales Tax ID#

State and License Plate # VIN#

Copy of Driver's License and Vehicle Registration Provided

Owner/Corporation Street Address

Mail Address City State Zip

Home Phone# Cell# Fax#

Email

Vending Location(s)

If Temporary Event:

Name of Event Date of Event [Click here to enter a date.](#)

Times and Days at the Event

Event Contact Person Phone #

DESCRIPTION OF MOBILE FOOD UNIT & EQUIPMENT (CHECK ALL THAT APPLY)

Months, Days & Hours of Operations:

PushCart Tabletop/Tent Food Preparation Vehicle Trailer Refrigerated Vehicle Other

Sanitation	Cold Holding (≤41degreesF)	Cooking	Hot Holding (≥135degreesF)	Personal Hygiene	Power Source
<input type="checkbox"/> Hot/cold Running Water <input type="checkbox"/> Freshwater Storage Tank gallons <input type="checkbox"/> Wastewater Retention Tank gallons <input type="checkbox"/> 3 Compartment Sink <input type="checkbox"/> Trash Container <input type="checkbox"/> Sanitizer/test kit <input type="checkbox"/> Spray Bottles w/ Sanitizer <input type="checkbox"/>	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Freezer(s) <input type="checkbox"/> Ice Chest(s) <input type="checkbox"/> Drained Ice <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Oven <input type="checkbox"/> BBQ Grill <input type="checkbox"/> GasGrill <input type="checkbox"/> DeepFryer <input type="checkbox"/> Stove <input type="checkbox"/> Wok <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO STERNO <input type="checkbox"/> Oven <input type="checkbox"/> BBQ Grill <input type="checkbox"/> Gas Grill <input type="checkbox"/> Stove <input type="checkbox"/> Crock Pot <input type="checkbox"/> Steam Table <input type="checkbox"/> Hot Display Case (describe): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Hand Sink with Running Water <input type="checkbox"/> Insulated Igloo w/Free Flow Spout <input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Generator <input type="checkbox"/> Propane <input type="checkbox"/> <input type="checkbox"/> Other Equipment <input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Extra Utensils <input type="checkbox"/> Covered Containers <input type="checkbox"/> Foil, Plastic Wrap <input type="checkbox"/> Thermometers <input type="checkbox"/> <input type="checkbox"/>

MOBILE UNIT NAME

DATE: [Click here to enter a date.](#)

DESCRIPTION OF FOOD OPERATION (CHECK ALL THAT APPLY)

- Pre-Packaged Food
- Bottled Beverages
- Prepared Beverages
- Copy of Menu Attached
- Food Preparation
- Cold/Frozen Foods
- Hot Foods
- Copy of Food Handler's Certification provided if required (Risk 3 units)
- Non-hazardous foods
- Potentially hazardous foods
- Raw Meats and/or Seafood

MENU INFORMATION

What foods will you bring that don't require temperature controls?	What foods will you bring that will only require cold holding?	What raw foods will you bring that will be cooked on-site for immediate service or hot holding? Foods will not be cooled on-site.	What foods will be cooked at your servicing area and held hot until served?	What foods will be cooked and cooled at your servicing area and reheated at the event for immediate service?	What commercially pre-cooked foods will be reheated on-site for immediate service?	What commercially pre-cooked or prepared foods will be reheated for hot holding ?

INSPECTORS COMMENTS: (VOLUME OF FOOD, SPECIAL CONDITIONS, ETC.)

FOOD SOURCE INFORMATION: NO HOME PREPARED FOODS ALLOWED

FOOD TYPE (IF APPLICABLE)	SOURCES (RECEIPTS ON-SITE)	WHEN WILL YOU PICK THESE UP?
raw meats and poultry		
raw seafood (fish, shrimp, etc.)		
live clams, mussels, oysters (must have tags on-site and available for 90 days)		
pre-made deserts		
commercially prepared foods		
dairy products		
other:		

PLEASE SKETCH OR ATTACH A LAYOUT OF YOUR OPERATION: (PROVIDE THE LOCATION OF THE RESTROOM AREA THAT YOU WILL USE)

MOBILE UNIT NAME

DATE: [Click here to enter a 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 [Click here to enter a date.](#) Fax #

Copy of last inspection report if establishment is NOT inspected by the 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 & Vegetables
- Beverages Ice for Consumption Prepared Cold Foods Raw Meats &/or Seafood
- Food is Prepared by Mobile Vendor Operator on Site 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 [Click here to enter a date.](#)

Mobile Owner/Operator (signature)

Servicing Area Owner/Operator (print) Date [Click here to enter a date.](#)

Servicing Area Owner/Operator (signature)

MOBILE UNIT NAME

DATE: [Click here to enter a date.](#)

FOR OFFICIAL USE ONLY:

Inspector: Choose an item.

APPROVED:

DATE: [Click here to enter a date.](#) EXPIRATION DATE: [Click here to enter a date.](#)

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4 (operations at servicing area only)

Approval Restrictions:

Approval Effective Date: [Click here to enter a date.](#)

DISAPPROVED:

DATE: [Click here to enter a date.](#)

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4 (operations at servicing area only)

Reasons for disapproval:

FEES: Fees may vary, please check with each health department covering the areas that you are vending.

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 office and at your servicing area. Inspections are valid until December 31, 2012.

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.