

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 APPLICATION

AMENDMENT RENEWAL

MOBILE VENDOR BUSINESS AND EVENT INFORMATION

Trading Name of Mobile Vendor

Seasonal Annual Temporary

Approval Date of Last Full Application

County/Municipal Health Agency Issuing the Approval

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

Times and Days at the Event

Event Contact Person Phone#

CHECK THE BELOW ITEMS WHICH HAVE NOT CHANGED:

My **set-up** has not changed from my original approved application. NOTE: If the set-up has changed, page one of the original application must be modified and submitted for approval.

My **menu** has not changed from my original approved application. NOTE: If the menu has changed, page two of the original application must be modified and submitted for approval.

My **servicing area** has not changed from my original approved application. NOTE: if the servicing area has changed, page three of the original application must be modified and submitted for approval.

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. 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 and is subject to penalties, fines and possible license forfeiture. AND, I hereby certify that the above listed information is correct.

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) _____

Health Department Inspector (print) Date [Click here to enter a date.](#)

Health Department Inspector (signature) _____