



Gloucester County Health Department
204 East Holly Avenue
Sewell, New Jersey 08080
(856) 218-4170
(856) 218-4161 (fax)

MOBILE RETAIL FOOD APPLICATION
AMENDMENT RENEWAL

MOBILE VENDOR BUSINESS AND EVENT INFORMATION

Trading Name of Mobile Vendor License Plate #
Seasonal Annual Temporary Name, Date & Location of Event
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 Event Coordinator 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 and the floor plan 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, signed 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
Mobile Owner/Operator (signature)
Health Department Inspector (print) Date
Health Department Inspector (signature)