Cumberland County Department of Health
309 Buck Street, Millville, NJ 08332
(856) 327-7602
www.ccdoh.org

Date Received: _____

Application must be submitted at least 14 days prior to proposed operation.

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: _____
Owner/Corporation: _____
Street Address: _____
City: _____ State:_____ Zip:_____
Mailing Address: (if different) _____
Home Phone#: _____ Cell#:_____Fax#:_____
Email: _____

Contact Person: _____ Phone#:_____ Cell#:_____
Email: _____

TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)

☐ Push Cart ☐ Tabletop/Tent ☐ Food Preparation Vehicle ☐ Trailer ☐ Refrigerated Vehicle ☐ Other: _____

Sanitation/Personal Hygiene	Other Equipment
☐Hot/cold Running Water	☐Trash Container
☐Freshwater Container _____ gals	☐Sneeze Guards
☐Wastewater Container _____ gals	☐Extra Utensils
☐Hand Sink w Warm Running Water	☐Covered Containers
☐Insulated Container w Free Flow Spout	☐Foil, Plastic Wrap
☐3 Compartment Sink w hot/cold running water	☐Thermometers
☐Buckets/Spray Bottles w/Sanitizer	☐Sanitizer/test kit
☐Gloves ☐Paper Towels ☐Soap	☐_____

MOBILE FOOD UNIT OPERATION SCHEDULE (CHECK/LIST ALL THAT APPLY)

Where will you serve food: _____
_____
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#: _____

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DESCRIPTION of FOOD OPERATIONS: MENU ITEMS-SOURCE-PREP-HANDLING-STORAGE-EQUIPMT

NO HOME PREPARED FOODS ALLOWED EXCEPT FOR BAKED GOODS PREPARED FOR CHARITABLE ORGANIZATIONS ONLY (WITH PLACARD); RECEIPTS MUST BE KEPT ONSITE FOR ALL FOOD ITEMS.

List **EVERY** Food & Drink & how many servings of each item	IF this item is PREPARED using **RAW** ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE, PHONE # & ADDRESS	Prepared at Vending site (V) or Servicing Area (SA)?	Cooked at Vending site (V) or Servicing Area (SA)?	How do you **COOK** this food item? List EQUIPMENT USED & POWER SOURCE	How do you quickly cool the food item? List **COOLING** EQUIPMENT USED & POWER SOURCE	How do you keep the food item hot? List **HOT HOLDING** EQUIPMENT USED & POWER SOURCE (No Sternos)	If reheating item for hot holding, List **REHEATING** EQUIPMENT USED & POWER SOURCE	How do you keep the food item cold? List **COLD HOLDING** EQUIPMENT USED & POWER SOURCE
Example: Chicken Tenders, 50	*Raw Chicken*	*XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ*	*SA*	*SA*	*Oven, Natural Gas*	*Walk-in Refrigerator, Electric*	*N/A*	*N/A*	*Refrigerator, Electric*

MOBILE UNIT NAME _____ **DATE:** _____

PART 2 TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

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SERVICING AREA BUSINESS INFORMATION

Trading Name of Servicing Area_____ Sales Tax ID# _____
Owner/Corporate Name _____
Address: _____
Last Inspection Date_____ Fax #_____

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 the mobile vendor/operator to prepare food at my servicing location
☐Space for the mobile vendor/operator to store the mobile unit at my servicing location
☐Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area
☐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 Time_____ ☐ End of the day Time_____ ☐ Other_____ 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.

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

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

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MOBILE UNIT NAME _____ **DATE:** _____

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

☐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 14 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 14 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. Application amendments may be submitted for future events within the same calendar yr.

Risk (1) application review $50.00	Risk (1) inspection $75.00
Risk (2) application review $100.00	Risk (2) inspection $100.00
Risk (3) application review $200.00	Risk (3) inspection $150.00
Risk (4) application review $300.00	Risk (4) inspection $250.00

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