Township of Mahwah

HEALTH DEPARTMENT
475 CORPORATE DRIVE
PO BOX 733
MAHWAH, NJ 07430
PHONE: 201-529-5757 Ext. 2 FAX: 201-529-8013

HEALTH DEPT. USE ONLY
License #2026-
Receipt No.
Date:
Approved by:

MOBILE FOOD TRUCK – REQUIRED DOCUMENTS CHECKLIST

BH: 5-4.2(A)6 | ALL DOCUMENTS MUST BE PRESENT AT TIME OF INSPECTION

Failure to present any of the following documents at the time of inspection will result in denial of licensure. No exceptions will be made. Documents must be originals or legible copies unless otherwise noted.

☐ **1. COMMISSARY AGREEMENT / PROOF OF APPROVED COMMISSARY**

A signed commissary agreement or documentation confirming use of a licensed brick-and-mortar retail food establishment as your approved servicing area. The commissary must hold a current, valid health department license. A copy of that license must be included.

☐ **2. FOOD HANDLER CERTIFICATE – ALL FOOD HANDLING EMPLOYEES**

A valid Food Handler Certificate is required for every employee who prepares or serves food. Certificates must be issued by a New Jersey-recognized accredited program. Employees have 30 days from hire to obtain certification.

☐ **3. FOOD PROTECTION MANAGER CERTIFICATION – PERSON-IN-CHARGE (PIC)**

The designated Person-in-Charge must hold a current Food Protection Manager Certification from a New Jersey-accredited organization (e.g., ServSafe). This certification satisfies the Food Handler Certificate requirement for the PIC. Required for Risk Type 3 establishments.

☐ **4. VEHICLE REGISTRATION – VIN VERIFICATION**

A copy of the current vehicle registration for the mobile food unit. The Vehicle Identification Number (VIN) on the registration MUST match the VIN physically inscribed on the vehicle presented for inspection. Units not matching the registered VIN will not be inspected or licensed.

☐ **5. MOST RECENT INSPECTION REPORT FROM ANY MUNICIPALITY**

A copy of the most recent health inspection report issued by any municipality or county health department where the unit has previously operated. If this is a new unit with no prior inspection history, so indicate in writing.

☐ **6. FOOD SUPPLIER RECEIPTS / INVOICES – APPROVED SOURCE DOCUMENTATION**

Receipts or invoices from all food suppliers demonstrating that all food items are obtained from approved, licensed commercial sources. Home-prepared foods are strictly prohibited. Inspectors may request sourcing documentation during operational inspections.

☐ **7. SAMPLING PLAN (IF APPLICABLE)**

If food samples will be offered to the public, a written sampling plan must be submitted describing the foods to be sampled, portioning method, serving utensils, temperature controls, and waste disposal procedures.

Township of Mahwah
HEALTH DEPARTMENT
475 CORPORATE DRIVE
PO BOX 733
MAHWAH, NJ 07430
PHONE: 201-529-5757 Ext. 2 FAX: 201-529-8013

HEALTH DEPT.USE ONLY
License #2026-
Receipt No.
Date:
Approved by:

TEMPORARY FOOD LICENSE APPLICATION – BH: 5-4.2(A)6

FEE: $100 - FOR EVENTS OPERATING 1-14 DAYS INCLUSIVE

NAME OF EVENT OR FUNCTION: _____

LOCATION: _____ **DATE(S) / HOURS OF EVENT:** _____

EVENT SPONSOR: _____

SPONSOR/COORDINATOR NAME: _____ **PHONE #** _____

SPONSOR/COORDINATOR'S EMAIL ADDRESS: _____

****

ARE YOU OPERATING A MOBILE FOOD TRUCK? ☐ **YES** ☐ **NO**

If you answer YES, please call at least 10 days prior to the event to schedule an inspection of your truck. (All vehicles will be inspected at the Mahwah Municipal Building parking lot).

****

FOOD SERVICE PROVIDER (LICENSEE) INFORMATION:

NAME/COMPANY: _____

ADDRESS: _____

PHONE NUMBER (_____) _____ **FAX** (_____) _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

NAME OF PERSON-IN-CHARGE (PIC) AT EVENT: (must provide copy of food handling safety certification)

_____

BEST PHONE NUMBER TO REACH PIC: (_____) _____

IF USING AN OPEN FLAME HEAT SOURCE FOR COOKING INDICATE:

☐ **WOOD** ☐ **PROPANE** ☐ **CHARCOAL** **OTHER:** _____
(SPECIFY)

ITEMS COOKED AND/OR PREPARED ON SITE: _____

_____

_____

LIST FOODS AND BEVERAGES TO BE SERVED AND WHERE YOU OBTAIN THEM FROM:

READY TO EAT, NO PREP:

_____

_____

IF ANY FOODS ARE COOKED OR PREPARED IN ADVANCE AT A LOCATION OTHER THAN YOUR BASE OF OPERATION, LIST THEM HERE AND STATE WHERE YOU OBTAIN THEM:

_____

_____

SPECIFY THE TYPE(S) OF CONTAINER(S) YOU WILL USE TO TRANSPORT THE FOLLOWING FOODS TO THE EVENT AND HOW MUCH TIME EACH WILL SPEND IN-TRANSIT:

FROZEN FOODS: _____

COLD FOODS (41°F and below): _____

HOT FOODS (135°F and above) : _____

METHOD OF MAINTAINING SAFE TEMPERATURE:

COLD FOODS (41°F and below): _____

HOT FOODS (135°F and above) : _____

BARE HAND CONTACT WITH READY TO EAT FOODS IS PROHIBITED. INDICATE METHOD YOU WILL USE TO ASSEMBLE / PREPARE / SERVE READY-TO-EAT FOODS:

_____

SOURCE OF POTABLE WATER: _____

(PRIVATE WELL WATER IS NOT PERMITTED)

HOOK UP CONNECTION REQUIRED? ☐ **YES** ☐ **NO**

(IF YES, CONTACT MAHWAH WATER DEPT. at 201-529-4413 SEVEN DAYS PRIOR TO EVENT)

EMPLOYEE HANDWASHING - METHOD AT LOCATION WHERE FOOD IS MADE OR SERVED:

_____

_____

METHOD FOR WASHING/SANITIZING UTENSILS: _____

_____

METHOD OF LIQUID WASTE STORAGE AND DISPOSAL: _____

_____

REMOVAL COMPANY (IF APPLICABLE): _____

FREQUENCY OF REMOVAL: _____

TYPE OF SANITIZER THAT WILL BE USED ON SITE: _____

(Commercially prepared and packaged sanitizers preferred. If using a solution that you have diluted from concentrate or transferred from a bulk container, you must label and identity the contents of the container you are using. You must have appropriate test strips available to verify proper concentration is being used.)

COMPLETE IF YOU ARE SUPPLYING PORTABLE SANITARY FACILITES FOR PUBLIC USE:

COMPANY NAME: _____ COMPANY PHONE NUMBER: _____

NO. OF UNITS: _____ DOES UNIT CONTAIN HANDWASHING UTILITY? :_____

NAME AND PHONE NUMBER OF PERSON RESPONSIBLE FOR MONITORING SUPPLIES (TOILET PAPER, SOAP, ETC. THROUGHOUT THE EVENT:

NAME: _____ CELL PHONE: _____

A BOARD OF HEALTH LICENSE DOES NOT CONSTITUTE PERMISSION TO VIOLATE ANY OTHER TOWNSHIP ORDINANCE, REGULATION OR CODE.

SIGNATURE: _____ **DATE: _____**

****

YOU MUST HAVE A WORKING, THIN-PROBE FOOD THERMOMETER AVAILABLE ON SITE

MINIMUM COOKING TEMPERATURE OF POTENTIALLY HAZARDOUS FOOD IS 145° F (OR ABOVE)
MINIMUM REHEATING TEMPERATURE OF POTENTIALLY HAZARDOUS FOODS IS 165°F
GROUND BEEF MUST BE COOKED TO A MINIMUM TEMPERATURE OF 155°F.

HOME PREPARED FOODS ARE PROHIBITED FOR USE. THIS PROHIBITION SHALL NOT APPLY TO NON-POTENTIALLY HAZARDOUS HOME BAKED GOODS.