



# Vineland Department of Health

640 E. Wood Street • Vineland, NJ 08362-1508

(856) 794-4131 • [www.vldhealth.org](http://www.vldhealth.org)

Submittal Date: \_\_\_\_\_

## 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
<input type="checkbox"/> Hot/cold Running Water	<input type="checkbox"/> Trash Container
<input type="checkbox"/> Freshwater Container _____ gals	<input type="checkbox"/> Sneeze Guards
<input type="checkbox"/> Wastewater Container _____ gals	<input type="checkbox"/> Extra Utensils
<input type="checkbox"/> Hand Sink w Warm Running Water	<input type="checkbox"/> Covered Containers
<input type="checkbox"/> Insulated Container w Free Flow Spout	<input type="checkbox"/> Foil, Plastic Wrap
<input type="checkbox"/> 3 Compartment Sink w hot/cold running water	<input type="checkbox"/> Thermometers
<input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer	<input type="checkbox"/> Sanitizer/test kit
<input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap	<input type="checkbox"/> _____

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

Where will you serve food: _____	
Months: <input type="checkbox"/> Events Only (see below) <input type="checkbox"/> Every Month of Yr <input type="checkbox"/> Selected Months (circle): J-F-M-A-M-J-J-A-S-O-N-D	
Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Times of Operation: M _____ Tu _____ W _____ Th _____ F _____ Sa _____ Su _____	
<b><i>If Temporary/Special Event(s):</i></b>	
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!!! TAKE TEMPERATURES!! YOU MUST HAVE RECEIPTS ONSITE FOR ALL  
 FOOD ITEMS YOU BUY! (\*\*copy if additional forms are needed)**

List <b>EVERY</b> Food & Drink & how many servings of each item	IF this item is PREPARED using <b>RAW</b> ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE & ADDRESS	Prepared at Vending site (V) or Servicing Area (SA)?	Cooked at Vending site (V) or Servicing Area (SA)?	How do you <b>COOK</b> this food item? List EQUIPMENT USED & POWER SOURCE	How do you quickly cool the food item? List <b>COOLING</b> EQUIPMENT USED & POWER SOURCE	How do you keep the food item hot? List <b>HOT HOLDING</b> EQUIPMENT USED & POWER SOURCE (No Sternos)	If reheating item for hot holding, List <b>REHEATING</b> EQUIPMENT USED & POWER SOURCE	How do you keep the food item cold? List <b>COLD HOLDING</b> EQUIPMENT USED & POWER SOURCE
<i>Example: Chicken Tenders,5 0</i>	<i>Raw Chicken</i>	<i>XYZ Butcher Shop, # Landis Ave XYZ City, NJ</i>	<i>SA</i>	<i>SA</i>	<i>Oven, Natural Gas</i>	<i>Walk-in Refrigerat or, Electric</i>	<i>N/A</i>	<i>N/A</i>	<i>Refrigerat or, Electric</i>



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MOBILE UNIT NAME \_\_\_\_\_

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 _____	Phone # _____

### I PROVIDE THE FOLLOWING *FOODS* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

<input type="checkbox"/> Packaged Foods	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Prepared Hot Foods	<input type="checkbox"/> Raw Fruits and vegetables
<input type="checkbox"/> Beverages	<input type="checkbox"/> Ice for consumption	<input type="checkbox"/> Prepared Cold Foods	<input type="checkbox"/> Raw Meats and/or Seafood
<input type="checkbox"/> Other _____			

### I PROVIDE THE FOLLOWING *SERVICES* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

<input type="checkbox"/> Space for the mobile vendor/operator to prepare food at my servicing location
<input type="checkbox"/> Space for the mobile vendor/operator to store the mobile unit at my servicing location
<input type="checkbox"/> Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area
<input type="checkbox"/> Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
<input type="checkbox"/> 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)
<input type="checkbox"/> Storage of non-hazardous foods, utensils & equipment
<input type="checkbox"/> 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
<input type="checkbox"/> Trash and garbage disposal
<input type="checkbox"/> Waste water disposal
<input type="checkbox"/> Grease/oil disposal

### THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):

<input type="checkbox"/> Beginning of the day Time _____	<input type="checkbox"/> End of the day Time _____	<input type="checkbox"/> Other _____ Time _____
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> 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 using a street licensed unit)
- Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- Water Testing Records** (private wells only, if not already provided to the Health Department)
- Copy of **Food Protection Managers Certification**, if required
- 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 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.

**FEES: \$25 FOR PLAN REVIEW APPLICATION PLUS LICENSE FEE. (SEE APPLICATION)**

**NOTE: PEDDLER'S LICENSES ARE REQUIRED IN VINELAND. SEE OFFICE OF LICENSE AND INSPECTION TO APPLY FOR A PEDDLER'S LICENSE.**