



**BOARD OF CHOSEN FREEHOLDERS
SALEM COUNTY DEPARTMENT OF HEALTH**

110 Fifth Street
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SALEM, NEW JERSEY 08079

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 _____ NJ Sales Tax ID# _____	
State and License Plate # _____ VIN# _____	
<input type="checkbox"/> Copy of Drivers License and Vehicle Registration Provided	
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# _____

DESCRIPTION OF MOBILE FOOD UNIT & EQUIPMENT (CHECK ALL THAT APPLY)

Months, Days & Hours of Operations: _____
<input type="checkbox"/> PushCart <input type="checkbox"/> Tabletop/Tent <input type="checkbox"/> Food Preparation Vehicle <input type="checkbox"/> Trailer <input type="checkbox"/> Refrigerated Vehicle <input type="checkbox"/> Other _____

Sanitation	Cold Holding (≤41degreesF)	Cooking	Hot Holding (≥135degreesF)	Personal Hygiene	Power Source
<input type="checkbox"/> Hot/cold Running Water <input type="checkbox"/> Freshwater Storage Tank _____ gallons <input type="checkbox"/> Wastewater Retention Tank _____ gallons <input type="checkbox"/> 3 Compartment Sink <input type="checkbox"/> Trash Container <input type="checkbox"/> Sanitizer/test kit <input type="checkbox"/> Spray Bottles w/ Sanitizer <input type="checkbox"/> _____	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Freezer(s) <input type="checkbox"/> Ice Chest(s) <input type="checkbox"/> Drained Ice <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Oven <input type="checkbox"/> BBQ Grill <input type="checkbox"/> GasGrill <input type="checkbox"/> DeepFryer <input type="checkbox"/> Stove <input type="checkbox"/> Wok <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	NO STERNO <input type="checkbox"/> Oven <input type="checkbox"/> BBQ Grill <input type="checkbox"/> Gas Grill <input type="checkbox"/> Stove <input type="checkbox"/> Crock Pot <input type="checkbox"/> Steam Table <input type="checkbox"/> Hot Display Case (describe): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Hand Sink with Running Water <input type="checkbox"/> Insulated Igloo w/Free Flow Spout <input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Electric <input type="checkbox"/> Generator <input type="checkbox"/> Propane <input type="checkbox"/> _____ <input type="checkbox"/> _____ <hr/> Other Equipment <input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Extra Utensils <input type="checkbox"/> Covered Containers <input type="checkbox"/> Foil, Plastic Wrap <input type="checkbox"/> Thermometers <input type="checkbox"/> _____ <input type="checkbox"/> _____

MOBILE UNIT NAME _____

DATE: _____

DESCRIPTION OF FOOD OPERATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> Pre-Packaged Food	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Non-hazardous foods
<input type="checkbox"/> Bottled Beverages	<input type="checkbox"/> Cold/Frozen Foods	<input type="checkbox"/> Potentially hazardous foods
<input type="checkbox"/> Prepared Beverages	<input type="checkbox"/> Hot Foods	<input type="checkbox"/> Raw Meats and/or Seafood
<input type="checkbox"/> Copy of Menu Attached		
<input type="checkbox"/> Copy of Food Handler's Certification provided if required (Risk 3 units)		

MENU INFORMATION

What foods will you bring that don't require temperature controls?	What foods will you bring that will only require cold holding?	What raw foods will you bring that will be cooked on-site for immediate service or hot holding? Foods will not be cooled on-site.	What foods will be cooked at your servicing area and held hot until served?	What foods will be cooked and cooled at your servicing area and reheated at the event for immediate service?	What commercially pre-cooked foods will be reheated on-site for immediate service?	What commercially pre-cooked or prepared foods will be reheated for hot holding ?

INSPECTORS COMMENTS: (VOLUME OF FOOD, SPECIAL CONDITIONS, ETC.)

FOOD SOURCE INFORMATION: NO HOME PREPARED FOODS ALLOWED

FOOD TYPE (IF APPLICABLE)	SOURCES (RECEIPTS ON-SITE)	WHEN WILL YOU PICK THESE UP?
raw meats and poultry		
raw seafood (fish, shrimp, etc.)		
live clams, mussels, oysters (must have tags on-site and available for 90 days)		
pre-made deserts		
commercially prepared foods		
dairy products		
other:		

PLEASE SKETCH OR ATTACH A LAYOUT OF YOUR OPERATION: (PROVIDE THE LOCATION OF THE RESTROOM AREA THAT YOU WILL USE) USE A SEPARATE PIECE OF PAPER IF NEEDED.

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 _____	Fax # _____
<input type="checkbox"/> Copy of last inspection report if establishment is NOT inspected by the THIS Department of Health	

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"/> Food is Prepared by Mobile Vendor Operator on Site		<input type="checkbox"/> Other _____	

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

<input type="checkbox"/> Space for mobile operator to prepare foods
<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.

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

MOBILE UNIT NAME _____

DATE: _____

FOR OFFICIAL USE ONLY:

Inspector: _____

APPROVED: [↑] **DATE:** _____ **EXPIRATION DATE:** _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4 (operations at servicing area only)

Approval Restrictions:

Approval Effective Date: _____

DISAPPROVED: [↑] **DATE:** _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4 (operations at servicing area only)

Reasons for disapproval:

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

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 Dec. 31 of the approval year

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.

Effective August 15th, 2012, All fees associated with Mobile/Temporary Event Vendors have been waived. Mobile vendors are still required to be approved and inspected by the Health Department in order to vend food in Salem County.

Risk (1) application review \$0.00,	Risk (1) inspection \$0.00
Risk (2) application review \$0.00	Risk (2) inspection \$0.00
Risk (3) application review \$0.00,	Risk (3) inspection \$0.00

Application review and inspection fees are subject to change.