



Atlantic County Division of Public Health
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 www.aclink.org

MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

Seasonal / Annual Street Vendor Temporary / Special Event

FILL OUT ALL PARTS OF THE APPLICATION AND PROVIDE THE FOLLOWING ATTACHMENTS:

- **FLOOR PLAN:** sketch/layout/photo diagram of operation showing all equipment, workspaces, handwashing station
- Copy of **VEHICLE REGISTRATION / DRIVERS LICENSE** (for all mobiles using a street licensed unit)
- Copy of **SERVICING AREA'S LAST INSPECTION REPORT** if NOT inspected by the THIS Health Department
- **WATER TESTING RECORDS** (private wells only, if not already provided to the Health Department)

PART 1 TO BE COMPLETED BY FOOD VENDOR MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor _____		NJ Sales Tax ID# _____	
Owner/Corporation _____			
Street Address _____	City _____	State _____	Zip _____
Mail Address _____	City _____	State _____	Zip _____
Contact Person Name _____		Phone# _____	
Cell# _____	Fax# _____	Email _____	

FOR STREET VENDORS ONLY

Location of vending (municipalities) _____
Months, Days & Hours of Operations: _____

TEMPORARY EVENT

Name of Event _____	Date(s) & Time of Event _____
Event Contact Person _____	Phone # _____

DESCRIPTION OF MOBILE FOOD UNIT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Push Cart <input type="checkbox"/> Tabletop/Tent <input type="checkbox"/> Food Preparation Vehicle <input type="checkbox"/> Trailer <input type="checkbox"/> Refrigerated Vehicle <input type="checkbox"/> Other _____

DESCRIPTION OF EQUIPMENT (CHECK ALL THAT APPLY)

SANITATION / PERSONAL HYGIENE	OTHER EQUIPMENT
<input type="checkbox"/> Freshwater Container _____ gals (VEHICLES ONLY)	<input type="checkbox"/> Trash Container
<input type="checkbox"/> Wastewater Container _____ gals (VEHICLES ONLY)	<input type="checkbox"/> Sneeze Guard
<input type="checkbox"/> Hand Sink w/ Warm Running Water	<input type="checkbox"/> Extra Utensils
<input type="checkbox"/> Insulated Container w/ Free Flow Spout (FOR HAND WASHING)	<input type="checkbox"/> Covered Containers
<input type="checkbox"/> 3 Compartment Sink	<input type="checkbox"/> Foil, Plastic Wrap
<input type="checkbox"/> 3 containers for wash/rinse/sanitize on site (PRIOR APPROVAL FROM HEALTH DEPT REQUIRED)	<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"/> Other _____

MOBILE UNIT NAME: _____ DATE: _____

DESCRIPTION OF FOOD OPERATION:

- No Home Prepared Foods Allowed
- Live Clams, Mussels, Oysters Must Have Tags On-Site And Available For 90 Days
- Receipts For All Foods Must Be Available For Inspection At Event

List ALL items on menu & the number of servings	List animal or plant ingredients used in menu item	Food is prepared at vending site (V) or servicing area (SA)	Food is cooked at vending site (V) or servicing area (SA)	How is food cooked? List equipment used & power source	How is food keep hot? List equipment & power source NO STERNO	Will food be reheated? List equipment and power source	Will food be heated & then cooled? List equipment for cooling & power source	How will food be kept cold? (During transport or at event) List equipment and method
<i>Ex: Chicken tenders 50servings</i>	<i>Precooked chicken</i>	V	V	<i>BBQ grill - gas</i>	<i>Chafing dish -gas</i>	NA	NA	NA
<i>Ex:Meatball Subs 75 servings</i>	<i>Raw hamburger</i>	SA	SA	<i>Gas stove</i>	<i>Electric crock pot</i>	<i>Grill - gas</i>	<i>Walk-in refrig -elec</i>	NA

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: _____ City _____ State _____ Zip _____
 Last Inspection Date _____ Tele # _____
 Copy of last inspection report if establishment is NOT inspected by THIS Department of Health

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 mobile operator to prepare foods
 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 End of the day Other _____
 Time _____ Time _____ 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.

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