



## **PROCEDURES FOR OPERATING A MOBILE / TEMPORARY RETAIL FOOD ESTABLISHMENT**

**APPLICATION SHALL BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE EVENT**

**NOTE:** All food vendors with a current year's inspection report from any member of the SJ Mobile Task Force (Camden, Gloucester, Salem, Cumberland, Vineland & Atlantic) are NOT required to apply to BCHD.

A copy of the approved application and inspection report from the issuing county and a completed **Mobile Retail Food Amendment Form** will be accepted in lieu of the application. Once received, an **Approval to Operate Letter** will be issued for vending in Burlington County.

- A **Mobile Retail Food Establishment Application** (5 pages) must be completed and submitted to the Burlington County Health Department (BCHD) prior to operating.
  - **Note: This application includes Temporary Food Facilities such as Table and Tent set-ups**
- **PAGE ONE:** To be completely filled out by the mobile vendor- including contact information, what type of set up the application is for, a checklist for all necessities for proper handwashing, handling of foods and supplies for operation & lastly, the location(s) of proposed event(s)
- **PAGE TWO: ALL FOOD ITEMS MUST BE LISTED ON PROPOSED MENU (including but not limited to main dishes, side dishes, toppings, beverages, etc.)** Anticipated volume of food to be prepared and served- including where the food was purchased (with receipts), location of where the food will be prepared at (at the servicing area or at the event site), location of where food will be cooked at (at the servicing area or at the event site), how the food will be cooked (ex. stove, induction cooker, oven, etc.) how the food will be cooled *\*must include a cooling procedure of all foods being cooked in advance*, how the food will be kept hot at the event site, how the food will be reheated at the event site & how the food will be kept cold at the event site.
  - **HOME PREPARATION & STORAGE OF FOOD IS STRICTLY PROHIBITED**
  - A cooling procedure will be required for all foods being cooked and cooled down, including their anticipated volume to be cooled. Cool down procedure must include what pieces of equipment are being used to cool down potentially hazardous foods. Cooling methods can include, but are not limited to; ice baths, ice paddles, small batches, cutting larger pieces of meat into smaller pieces, shallow pans, using ice as an ingredient, etc.
  - Rapid cooling using shall take place from 135°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours
  - NOTE: It is the vendors responsibility to guarantee food that has been cooked and cooled has reached 41°F in less than 6 hours. If this food has not reached proper cooling temperatures, it must be discarded.  
*\*If food is temped in the danger zone between 41°F- 135°F at an event, it may be discarded\**
- **PAGE THREE:** The vendor shall provide **proof of an agreement** with a Servicing Area (also known as a commissary or base of operations) This is a commercial kitchen that has been inspected by a local health department. If this facility is located outside of Burlington County, a copy of the establishment's most recent **WRITTEN HEALTH INSPECTION REPORT** (not the inspection placard) will be required. Servicing Areas are facilities in which food and supplies are prepared, kept, handled, packaged, and/or stored. Also an operating base location to which a mobile retail food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. **(Private Residences Are Strictly Prohibited)**
- **PAGE FOUR:** There is a list of documents required to be submitted to process the application:
  - A New Jersey Certificate of Authority
  - A photocopy of the vendors driver's license & vehicle registration (for the vending unit)
  - A copy of a Food Protection Mangers Certificate-most common name is ServSafe, if applicable
  - An employee health & hygiene policy- including instructions for proper handwashing, glove usage, sick employee restrictions, proper work attire, etc.
  - A copy of the servicing area's most recent inspection report- if they are located outside of Burlington County
  - Well water test results if the servicing area is on a well
- **PAGE FIVE:** A blank page to draw an aerial view of the set up of the type of mobile unit with ALL equipment listed

# MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

**A \$100 (one hundred) dollar fee is required to process and review this application**

**APPLICATION SHALL BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE EVENT**

## 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 #: _____
Email: _____
Contact Person: _____ Phone #: _____ Cell #: _____
Email: _____
NJ Sales Tax Document Attached (Certificate of Authority): _____

### TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)

Pushcart   
  Table Top/Tent   
  Trailer   
  Truck   
  Other: \_\_\_\_\_ (please describe)

<b>Sanitation/Personal Hygiene</b>	<b>Other Equipment</b>
<input type="checkbox"/> Hot/Cold Running Water <input type="checkbox"/> Freshwater Container _____ gals (in a truck /trailer) <input type="checkbox"/> Wastewater Container _____ gals (in a truck /trailer) <input type="checkbox"/> Hand Sink w Warm Running Water (in a truck /trailer) <input type="checkbox"/> Insulated Container w Free Flowing Spout (for table top/tent) <input type="checkbox"/> Compartment Sink w hot/cold running water <input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer <input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap	<input type="checkbox"/> Trash Container <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"/> Sanitizer / Test Kit <input type="checkbox"/> _____

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

Where will you serve food (Towns/Counties): \_\_\_\_\_

Months:  Events Only (see below)  Every Month of Year

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: Su \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ Fr \_\_\_\_\_ Sa \_\_\_\_\_

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***If Temporary /Special Event(s):***

Name of Event(s): \_\_\_\_\_

Days & Times at the Event: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**DESCRIPTION OF FOOD OPERATION:** (additional pages can be submitted if everything does not fit on this one page)

**WILL YOU BE DOING ANY OF THE FOLLOWING:**

- Specialized processing? (Reduced oxygen packaging (vacuum sealing), smoking or curing of foods, fermentation, acidification of foods, etc.)
- Raw Shellfish? (Mussels, clams etc.)
- Preparing (including but not limited to): Buttercream Icing, Caesar dressing, Hollandaise or Bearnaise sauce, Mayonnaise, Meringue, Tiramisu, Eggnog, or other egg-fortified beverages?
- Cooking foods in advance and cooling down at your Servicing Area? A written cooling procedure will be required if cook and cool down is being performed
- NO, I WILL NOT BE DOING ANY OF THE ABOVE-MENTIONED PROCESSES

List <b>EVERY</b> item on your menu- All Food, Toppings & Drinks How many servings of each item?	Is this item prepared using <b>RAW MEAT?</b> <b>Yes or No</b> & list all those ingredients	Where did you buy this item? List the store name, phone number & address	Is the food being <b>PREPARED</b> at the Vending site (the event) (V) or at the Servicing Area (SA)	Is the food being cooked at the Vending site (V) or at the Servicing Area (SA)	How do you cook these food items?  List all <b>COOKING</b> Equipment used & their power source	How do you rapidly cool these food items?  List all <b>COOLING</b> Equipment & their power source	How do you keep the food items hot <b>at the event?</b>  List all <b>HOT HOLDING</b> Equipment & their power source <b>(No Sterno's/ Chafing Dish canned fuel)</b>	How do you reheat the food items <b>at or prior to the event?</b>  List all <b>REHEATING</b> Equipment & their power source	How do you keep the food items cold <b>at the event?</b>  List all <b>COLD HOLDING</b> Equipment & their power source
<i>Example: Beef Ribs 50 full racks</i>	<i>YES Raw pork ribs &amp; BBQ Sauce</i>	<i>XYZ Store 609-555-5555 123 Road Rd, XYZ City, NJ</i>	<i>SA</i>	<i>V</i>	<i>Oven Natural Gas</i>	<i>N/A</i>	<i>Steam table Electric</i>	<i>Smoker Charcoal</i>	<i>Coolers with ice</i>
<i>Example: Mac n' Cheese, 5 pounds</i>	<i>NO Pasta, milk, butter, salt, cheddar cheese</i>	<i>XYZ Store 609-555-5555 123 Road Rd, XYZ City, NJ</i>	<i>SA</i>	<i>SA</i>	<i>Oven Natural Gas</i>	<i>Walk-in Refrigerator Electric</i>	<i>Warming box Electric</i>	<i>Oven Electric</i>	<i>Reach-in refrigerator Electric</i>

**TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER**

**SERVICING AREA BUSINESS INFORMATION**

Trading Name of Servicing Area: \_\_\_\_\_  
Owner/Corporate Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Last Inspection Date \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Copy of last inspection report if establishment is NOT inspected by THIS Department of Health

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

Packaged Food       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 time \_\_\_\_\_  End of the day time \_\_\_\_\_  Other time \_\_\_\_\_  
 Sunday       Monday       Tuesday       Wednesday       Thursday       Friday       Saturday

**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 (sign) \_\_\_\_\_ Date \_\_\_\_\_  
Servicing Area Owner /Operator (print): \_\_\_\_\_ Date \_\_\_\_\_  
Servicing Area Owner /Operator (sign): \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)**

**A \$100 (one hundred) dollar fee is required to process and review this application, payable by CASH, CHECK or MONEY ORDER (written out to BCHD)**

- Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- 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 vending unit (for all mobiles regardless of type of unit)
- Copy of **Food Protection Managers Certification** (if required)- ServSafe, Prometric, NRFSP, 360Training.com, StateFoodSafety.com, Always Safe Food Co. are all accepted
- Employee Health & Hygiene Written Policy**- include instructions for proper hand washing, glove usage, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
- Copy of **Servicing Area's Last Inspection Report** if NOT inspected by this Health Department
- Water Testing Records** (private wells only) for Servicing Area if on a well

**VENDING NOTES:**

- Once application is approved an inspection shall be conducted prior to operating or arrangements shall be made with BCHD for an inspection during an event
- Application approval expires December 31st of current calendar year
- Inspection placard shall be posted for public view while vending
- An application shall be submitted and approved at least 10 business days prior to the event
- Application amendments shall be submitted for future events within the same calendar year
- All municipal approvals shall be obtained prior to operating / vending
- All receipts for foods must be available for review while vending
- Home food preparation & storage is strictly prohibited
- Use of Sterno's/ Chafing dishes with canned fuel is strictly prohibited

**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: \_\_\_\_\_

**DISSAPROVED DATE:** \_\_\_\_\_

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

Reasons for Disapproval:

\_\_\_\_\_

\_\_\_\_\_

Inspector: \_\_\_\_\_

**SKETCH AERIAL VIEW OF FLOOR PLAN:**

List all equipment utilized in your set-up, including but not limited to: oven, stove, grill, smoker, hot holding units, refrigerators, coolers, handwashing sink/ set-up, 3 bay sink, display cases, tent, tables, etc.

