



PROCEDURES FOR OPERATING A MOBILE / TEMPORARY RETAIL FOOD ESTABLISHMENT

A Mobile Retail Food Establishment Application (6 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 Tabletop/ tent set-ups, pushcarts, etc.*

APPLICATION SHALL BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE EVENT
A \$100 (one hundred) dollar fee is required to process and review this application. NON-REFUNDABLE

• **PAGE 1:**

- To be completely filled out by the mobile vendor- including contact information, what type of set up the application is for and a signature
- Has the checklist of every page and supporting documents required to be submitted
 - A New Jersey Certificate of Authority (*sales tax document*)
 - A photocopy of the vendors driver's license & vehicle registration (*for the vending unit*)
 - A copy of a Food Protection Managers Certificate (*if applicable*)
 - A copy of the servicing area's most recent inspection report (*if NOT inspected by BCHD*)
 - Well water test results if the servicing area is on a well

• **PAGE 2:**

- To be completely filled out by the mobile vendor- including a checklist for all necessities for proper handwashing, handling of foods and supplies for operation, anticipated operation schedule and the location(s) of proposed event(s) and lastly, what South Jersey Alliance location(s) you plan on vending in

NOTE: All food vendors with a current year's inspection report from any member of the SJ Mobile Alliance (Camden County, Gloucester County, Salem County, Cumberland County, Vineland City & Atlantic County) 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.

• **PAGE 3:**

- **HOME PREPARATION & STORAGE OF FOOD IS STRICTLY PROHIBITED**
- Additional menu pages can be submitted if full menu does not fit on one page
- The box at the top of the page must be filled out, by checking off "yes" or "no" to the four questions, additional approvals may be required if "yes" is checked off
 - All food items must be listed on proposed menu including but not limited to main dishes, side dishes, toppings, beverages, etc. and their anticipated volume to be prepared and served- each item must be listed in their own boxes and rows
 - All ingredients must be listed, including raw ingredients
 - The location where food will be purchased (with receipts upon request)
 - The location where food will be prepared at (at the servicing area or at the event site)
 - The location of where food will be cooked at (at the servicing area or at the event site), including equipment used for cooking (ex. stove, oven, smoker, etc.)
 - What equipment will be used to keep food cold at the event, maintaining 41°F and below
 - What equipment will be used to keep for hot at the event, maintaining 135°F and above
- **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 4:**

- To be completely filled out and signed by the servicing area owner / operator
 - This is proof of an agreement with 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.

• **PAGE 5:** A blank page to draw an aerial view of the set-up of the type of mobile unit with ALL equipment listed

• **PAGE 6:**

- This is a training plan affidavit, including policies for the following:
 - Food obtained from an approved source & protected from contamination
 - Sick employee restrictions and allowing employees to return to work
 - Hand washing and glove usage
 - Taking food temperatures
 - Smoking, eating and drinking in work areas
 - Proper work attire, jewelry policy & fingernail hygiene
- If you would like to submit an alternative training plan, please tailor for your operation and submit for our review

VENDING NOTES:

1. Once approved, an inspection shall be conducted **prior** to operating or arrangements shall be made with BCHD for an inspection during an event
2. Application approval expires December 31st of current calendar year
3. Inspection placard shall be posted for public view while vending
4. All municipal approvals shall be obtained prior to operating / vending
5. Home food preparation & storage is **strictly prohibited**

MOBILE FOOD VENDOR APPLICATION

A \$100 (one hundred) dollar fee is required to process and review this application. NON-REFUNDABLE

N.J.A.C. 8:24 requires a food establishment submit plans and specifications to the local health authority for review and approval prior to operation. Your application cannot be processed until all components of this application and fee have been received.

APPLICATION CHECKLIST:

- ☐ Mobile Vendor Business Information (page 1)
- ☐ Description of Operation: Mobile Unit (page 2)
- ☐ Intended Menu (page 3)
- ☐ Servicing Area (page 4)
- ☐ Floor Plan (page 5)
- ☐ Training Plan Affidavit (page 6)
- ☐ Copy of New Jersey Certificate of Authority (sales tax document)
- ☐ Copy of Driver's License
- ☐ Copy of Vehicle/Trailer Registration
- ☐ Copy of Food Protection Manager Certification (Risk 3 & specialized processes)
- ☐ Servicing Area's Last Inspection Report (if NOT inspected by this department)
- ☐ Water Testing Records for Servicing Area (private wells only)

MOBILE VENDOR BUSINESS INFORMATION:

Trade Name/DBA:		Sales Tax ID:
Owner/Corporation:		
Street Address:		
City:	State:	Zip Code:
Contact Person Name:		Phone:
Email:		
Type of Mobile Unit: <input type="checkbox"/> Pushcart <input type="checkbox"/> Tabletop/Tent <input type="checkbox"/> Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Other _____		

I hereby acknowledge that I have read, understood, and agree to comply with all the requirements outlined in this application. I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. Furthermore, I certify that I, along with all employees, have been educated on and will abide by all food safety regulations outlined in N.J.A.C. 8:24. I understand that final approval of my mobile unit will be subject to the health authority's review and approval.

Print Name: _____ Date: _____

Signature: _____ Date: _____

DESCRIPTION OF OPERATION:

Equipment:

- ☐ Hot/cold running water
- ☐ Hand sink with free-flowing water
- ☐ Insulated container with free-flowing water (tabletops/tents only)
- ☐ Paper towels and soap
- ☐ Gloves, deli tissue, extra utensils (i.e. tongs, spatula, knives, cutting boards, etc.)
- ☐ Buckets/spray bottles with sanitizer
- ☐ Dish washing machine/three compartment sink
- ☐ Sanitizer test strips
- ☐ Overhead protection
- ☐ Covered containers, sneeze guards, foil, plastic wrap
- ☐ Fresh water container: ____ gallons (in a truck/ trailer)
- ☐ Wastewater container: ____ gallons (in a truck/ trailer)
- ☐ Trash containers
- ☐ Thermometers
- ☐ Cold holding equipment
- ☐ Hot holding equipment

Anticipated Operation Schedule:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Anticipated Locations and Events:

Check the South Jersey Mobile Alliance member jurisdictions where you plan to vend:

- ☐ Atlantic County
- ☐ Burlington County
- ☐ Camden County
- ☐ Cumberland County
- ☐ Gloucester County
- ☐ Salem County
- ☐ Vineland City

Name of Event, Market, Street, or Public Area	Date(s)	Location	Event/Market contact name:	Event/market contact phone & email:

INTENDED MENU:

Will you be doing any of the following?

If **yes to any of the below, attach policy and procedures*

- ☐ Yes ☐ No Reduced oxygen packaging (vacuum sealing), smoking or curing of foods, fermentation, acidification of food, etc. (*HACCP plan required*)
- ☐ Yes ☐ No Raw Shellfish: Mussels, clams, etc.
- ☐ Yes ☐ No Preparing foods using raw eggs as an ingredient which do not get cooked (*i.e. hollandaise, tiramisu, Caesar dressing, etc.*)
- ☐ Yes ☐ No Cooking food in advance and cooling or reheating food item (*a written cooling procedure required*)

List every food, drink & topping & how many servings of each item	If an item is prepared using raw animal or raw plant products, list those ingredients	Where did you buy this item? Put store name & town <i>*Receipts must be available upon request*</i>	<u>Prepared</u> at vending site (V) or servicing area (SA)?	<u>Cooked</u> at vending site (V) or servicing area (SA)? <i>*Indicate the equipment and power source being used to cook*</i>	How do you keep the food item cold? List <u>COLD HOLDING</u> equipment used & the power source	How do you keep the food item hot? List <u>HOT HOLDING</u> equipment used & the power source <i>*No Sternos*</i>
<i>Example:</i> <i>Mac n Cheese 50 full racks</i>	<i>NO, Pasta, milk, butter, salt, cheddar cheese</i>	<i>XYZ Store 123 Road Rd. XYZ City, NJ 609-555-5555</i>	<i>SA</i>	<i>V Oven, Electric</i>	<i>Refrigerator, Electric</i>	<i>Steam Table, Electric</i>

Additional pages can be submitted if everything does not fit on this one page

THIS PAGE IS TO BE COMPLETED BY THE SERVICING AREA OWNER

SERVICING AREA BUSINESS INFORMATION:

Trade Name/DBA of Servicing Area:		Sales Tax ID:
Owner/Corporation Name:		
Street Address:		
City:	State:	Zip Code:
Contact Person Name:		Phone:
Email:		
Date of last inspection: <i>Provide a copy of last inspection report if establishment is NOT inspected by THIS department</i>		

My establishment provides the following services AND/OR food for this mobile unit:

- | | |
|---|--|
| <input type="checkbox"/> Space for the mobile vendor/operator to prepare food | <input type="checkbox"/> Three-compartment sink/dish washing machine for wash, rinse and sanitizing of food contact surfaces |
| <input type="checkbox"/> Space for the mobile vendor/operator to store the mobile unit equipment | <input type="checkbox"/> Trash and garbage disposal |
| <input type="checkbox"/> Utility services (i.e., electric hook-up) for mobile unit while in storage | <input type="checkbox"/> Wastewater disposal |
| <input type="checkbox"/> Refrigeration storage of perishable and/or potentially hazardous foods | <input type="checkbox"/> Food source: _____ |
| food (raw fruits, vegetables, meat, dairy, etc.) | <input type="checkbox"/> Water source: _____ |
| <input type="checkbox"/> Storage of non-hazardous foods, utensils and equipment | <input type="checkbox"/> Grease/oil disposal source: _____ |

The mobile operator reports to my facility:

<input type="checkbox"/> Monday From: To:	<input type="checkbox"/> Tuesday From: To:	<input type="checkbox"/> Wednesday From: To:	<input type="checkbox"/> Thursday From: To:	<input type="checkbox"/> Friday From: To:	<input type="checkbox"/> Saturday From: To:	<input type="checkbox"/> Sunday From: To:
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By signing below:

I hereby certify that I am familiar with 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" or "commissary") 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.

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.

APPLICATION IS INCOMPLETE IF THIS AREA IS NOT SIGNED AND DATED

Servicing Area Owner/Operator Print: _____ Date: _____

Servicing Area Owner/Operator Signature _____ Date: _____

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.

TRAINING PLAN AFFIDAVIT:

Below is a proposed training plan for persons in charge and food employees, designed to uphold public health and ensure the safety and integrity of food in compliance with N.J.A.C. 8:24. This plan may include, but is not limited to, the items listed below. By signing, you agree to implement the outlined training plan. However, you may submit an alternative training plan tailored to your business and operation. Please review the details carefully, sign, and return the document. If you wish to propose modifications, kindly submit your business's training plan for consideration.

1. Food Obtained from Approved Source & Protected from Contamination

- All operations pertaining to this mobile unit are done at a servicing area and not at a private home
- All food at an event is under the overhead protection to prevent contamination

2. Sick Employee Restrictions

- Employees experiencing symptoms of vomiting, diarrhea, fever, jaundice, sore throat with fever, or any illness caused by a foodborne pathogen must notify management immediately and not report to work
- Employees diagnosed with Norovirus, Hepatitis A, Shigella, E. coli, or Salmonella must be excluded from work and may only return with medical clearance
- Employees with persistent coughing, sneezing, or a runny nose that cannot be controlled must not handle food

3. Returning to Work After Illness

- Employees with vomiting or diarrhea must be symptom-free for at least 24 hours before returning to work
- Employees with foodborne illnesses must provide a doctor's note or health department clearance before resuming duties
- Any open wounds or cuts must be covered with a waterproof bandage and a glove if on the hands

4. Handwashing Requirements & Glove Usage

- Handwashing stations during operation, the hand wash station shall be fully stocked, always set up and functional
- Employees must wash hands for at least 20 seconds with soap and warm water:
 - Before starting work
 - After using the restroom
 - After handling raw meat, poultry, or seafood
 - After touching the face, hair, or body
 - After sneezing, coughing, or using a tissue
 - After handling garbage or dirty dishes
 - After eating, drinking, or smoking
 - Whenever hands become contaminated
- Gloves must be worn when handling ready-to-eat foods
- Hands must be washed before putting on gloves and when changing gloves
- Gloves must be changed: when switching tasks (e.g., handling raw meat to handling ready-to-eat food), when torn or soiled

5. Taking Food Temperatures

- Employees must be trained on proper cooking, cooling, reheating, hot holding and cold holding temperatures
- Employees must use a calibrated food thermometer, which must be sanitized before and after each use
- All hot foods must be kept at 135°F or above (Sterno's are strictly prohibited) and cold foods at 41°F or below

6. Smoking, Eating, and Drinking in Work Areas

- Smoking and vaping are strictly prohibited in food prep, storage, and service areas
- Eating is only allowed in designated break areas
- Employees may drink from a covered, straw-equipped container stored away from food prep areas

7. Proper Work Attire, Jewelry Policy & Fingernail Hygiene

- Employees must wear clean uniforms or clothing daily
- Hair must be properly restrained using hairnets, hats, or caps
- Aprons must be removed when leaving the food prep area, especially when using the restroom or taking breaks
- Employees may only wear a plain wedding band
- Fingernails must be kept short, clean, and well-maintained
- Artificial nails and nail polish are not permitted unless gloves are worn at all times when handling food

I hereby acknowledge that I have read, understood, and agree to comply with all the requirements, including but not limited to, what is outlined above. Furthermore, I certify that I, along with my employees, have been educated on and will abide by all food safety regulations as outlined in N.J.A.C. 8:24.

Owner Signature: _____ Date: _____

Official Use Section Only

Approved Date: _____ Expiration Date: _____

Classified Risk Type:

☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 Explain: _____

Approval Restrictions:

Inspector: _____

Disapproval Reasons:

Disapproved Date: _____

Inspector: _____

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