



Atlantic County Division of Public Health
 201 S. Shore Road, Northfield, NJ 08225
 609-645-5971 / Fax: 609-645-5923
 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, hand washing 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.

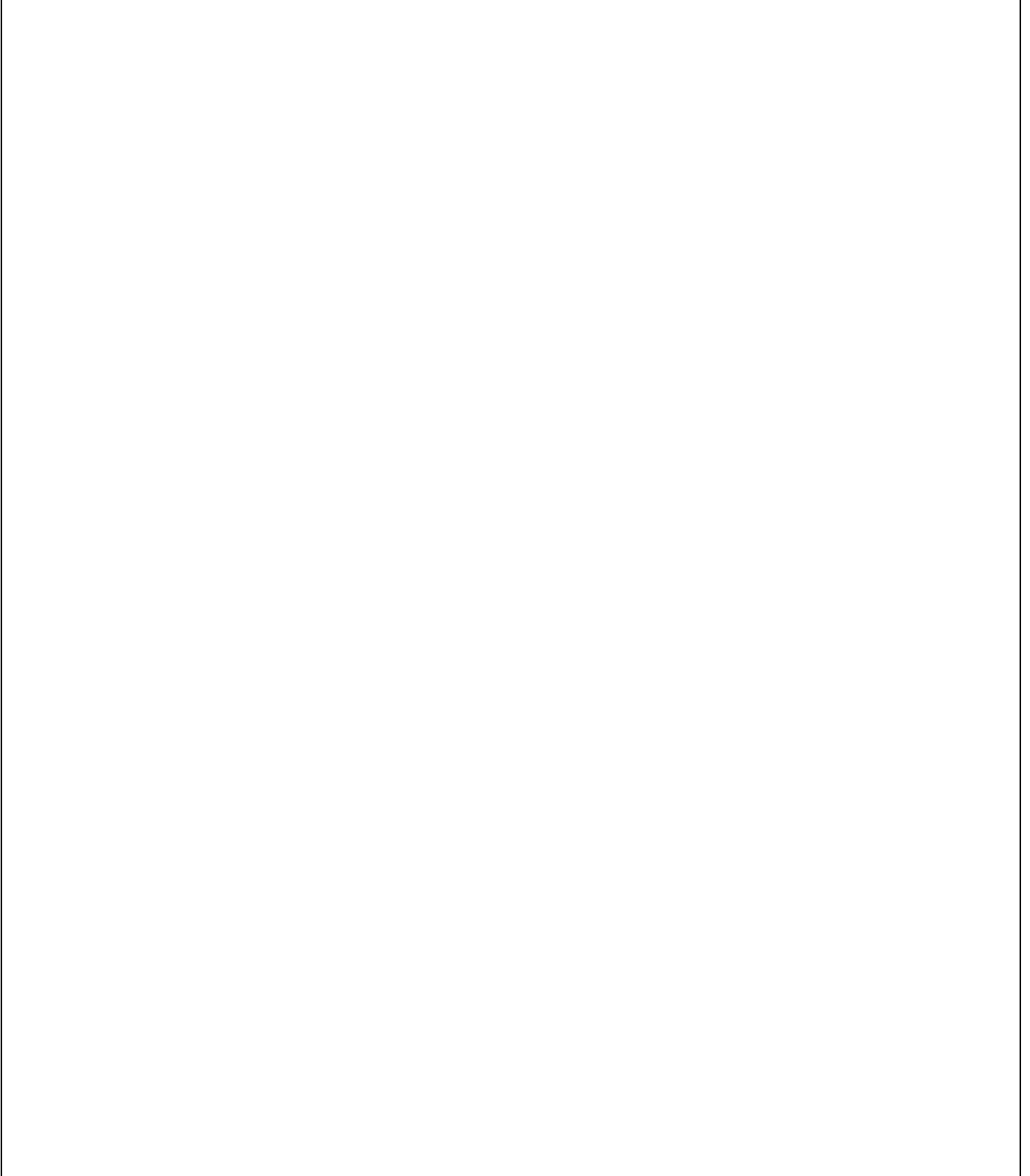
AND

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) _____

MOBILE UNIT NAME: _____

SKETCH/ LAYOUT/ FLOOR PLAN BELOW:

A large, empty rectangular box with a thin black border, intended for a sketch, layout, or floor plan. The box occupies most of the page's vertical space below the text.