



UNION COUNTY OFFICE OF HEALTH MANAGEMENT

400 North Avenue East, Westfield, NJ 07090

Phone: 908-518-5620 | Fax: 908-654-9252



TEMPORARY MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

DATE RECEIVED: _____

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

TEMPORARY MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Temporary Vendor			
Owner/Corporation			
Street Address			
City	State	Zip code	Mailing Address (if different)
Home Phone		Cell Phone	Fax
Email			
Contact Person		Telephone	
Email			

NEW JERSEY FOOD PROTECTION MANAGER CERTIFICATION (Please provide a copy)

Name of certified Individual	Issuance Date	Expiration Date
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TYPE OF TEMPORARY MOBILE VENDOR (Check all that apply)

Tabletop/Tent
 Trailer
 Non-motorized pushcart (Example: Italian ice pushcart, hotdog cart etc.)
 Motorized mobile truck
 Immobile cooking station (Example: hot/cold prepackaged food, catered food, hot holding cooked food)
 Other: _____

<p>Sanitation/Personal Hygiene</p> <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 with Warm Running Water (in a truck /trailer) <input type="checkbox"/> Insulated Container with Free-Flowing Spout (for tabletop / tent) <input type="checkbox"/> 3-Compartment Sink w hot/cold running water (Trucks / trailers) <input type="checkbox"/> 3-Compartment Set-up (Tabletop / Tent) <input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer <input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Pump Hand Soap / Automatic Hand Soap Dispenser	<p>Other Equipment</p> <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"/> Ambient Thermometers for each refrigerator <input type="checkbox"/> Thin Probe Thermometer <input type="checkbox"/> Sanitizer / Test Kit
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VENDOR OPERATION SCHEDULE

INITIAL EVENT

Location of the event: (Street Address, City)

Name of the event:

Date(s) of the event:

Hours of the event:

Events coordinator name:

Events coordinator phone number:

Events coordinator email:

ANNUAL PERMITS

Location of the event: (Street Address, City)

Name of the event:

Months:

____ Every Month of the Year

Selected Months (circle):

J - F - M - A - M - J - J - A - S - O - N - D

Days:

____ Monday ____ Tuesday ____ Wednesday

____ Thursday ____ Friday ____ Saturday

____ Sunday

Hours of the event:

DESCRIPTION OF FOOD OPERATION

WILL YOU BE DOING ANY OF THE FOLLOWING:

- Specialized processing? (Reduced oxygen packaging (vacuum sealing), smoking or curing of foods, fermentation, acidification of foods, Sushi Rice, etc.). Food preparation and cooking only in the commissary kitchen.
- Raw Shellfish? (Mussels, oysters, 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 Commissary kitchen? A written cooling procedure will be required if cooking and cooling down are being performed.
- Cottage food operations. A copy of the NJ Cottage food permit must be provided
- NO, I WILL NOT BE DOING ANY OF THE ABOVE-MENTIONED PROCESSES



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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, freezers, handwashing sink, 3-compartment sink, display case, etc.



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ATTACHMENT CHECKLIST (Submit all with the application)

- Payment** of the application.
- Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, and workspaces.
- Copy of **New Jersey Certificate of Authority** for mobile vendor/ company (sales tax document)
- Copy of **Driver's License** for all mobiles (trucks, trailers)
- Copy of **Vehicle Registration** for all mobiles (trucks, trailers)
- Copy of **Food Protection Manager Certification** if required.
- Copy of **Food Protection Handlers Certification**.
- Written cooling procedure** if cooking and cooling down are being performed.
- Complete the **Commissary Agreement Form**.
- Copy of the **Commissary Kitchen Last Inspection Report** if NOT inspected by this Health Department.
- Water Testing Records** (private wells only) for Commissary kitchen if on a well.
- Cottage Food Operator Permit**, if applicable.

I hereby certify that the above-listed information is correct and that I am familiar with the N.J.A.C. 8:24 - CHAPTER 24 "Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations". If any changes in my operation occur, I agree to notify the Union County Office of Health Management immediately.

Mobile Establishment Owner's name (print): _____

Mobile Establishment Owner's signature: _____ Date: _____

OFFICIAL USE ONLY

APPROVED DATE: _____ EXPIRATION DATE: _____

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

Approval Restrictions: _____

Inspector: _____

REJECTED DATE: _____

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

Reasons for rejection: _____

Inspector: _____