

# INSTRUCTIONS FOR APPLICATION COMPLETION

## Mobile Retail Food Establishments

January 2013

If you serve food to the public, you are required by state law to have an approval from the local health department prior to operating. It does not matter if the food is sold or given away, you *must* have an approval.

A **Mobile food establishment** is any movable restaurant, truck, van, trailer, cart, bicycle, watercraft, or other movable unit including hand carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations. A *temporary* food establishment operates for no more than 14 consecutive days in conjunction with a single event or celebration. A *seasonal* food establishment operates during specific months of the year, usually weather related, as designated by the operator on the application. An *annual* food establishment operates on a routine schedule year round. Fees for food application and inspection are dependent upon what county your business is located. Contact your local health department for more information.

### PAGE 1, PART 1: TO BE COMPLETED BY FOOD VENDOR

#### Mobile Vendor Business Information

**Trading Name:** Write the trade name that identifies the mobile facility.

**Owner/Corporation Information:** Provide *Name, Street location, Mailing Address, Home/Cell/Fax Numbers, Email* for the responsible individual of the mobile retail food business. Indicate the *Contact person*, the person who is most knowledgeable about food operations, their *Phone/Cell Numbers and Email*.

#### Type of Mobile Unit

Provide this basic information about the general type of mobile unit you have such as a vehicle, cart, tabletop/tent, etc

**Sanitation/Personal Hygiene & Other Equipment:** Using the chart, check ALL the equipment necessary to prevent food contamination that is part of your mobile unit for *sanitation, personal hygiene and other equipment*. You may write in items that are utilized but not listed in these sections. Ensure that you have all the necessary equipment to store clean water, dispose of wastewater, provide running water, properly clean hands and surfaces often, prohibit staff from touching foods with their bare hands that don't require additional cooking (Ready-to-Eat food), protect foods in storage, separate raw meats and eggs while being stored and thermometers to monitor temperatures of food and units.

#### Mobile Food Unit Operation Schedule

List ALL physical *vending locations/event information and the months/days/times* you intend to serve food. Provide *Names of Events, Days/Times operating at event & Event Contact Person Name/Phone#/Email*. You must ensure that the application is as complete as possible. The more information you supply on the application, the better. However, if you want to add a location, event or make any other changes to your initial application, contact the local health department in the area of the vending location to obtain and complete an amendment form for the changes or added information.

Any changes in your operation must be reported to the health department immediately. Also remember that each *municipality* within each county has separate and unique requirements; vending permits may also be required.

### PAGE 2, PART 1: TO BE COMPLETED BY FOOD VENDOR

#### Description of Food Operation (including MENU-FOOD SOURCE-EQUIPMENT-PREPARATION-HANDLING-STORAGE):

List ALL food & drink that you plan to serve. If you need additional forms, make copies or contact the health department for additional forms. Once the food items are listed, fill-in ALL boxes across the grid row for that food item such as listed raw animal or plant ingredients, where the item was purchased and prepared, how the item is cooked, cooled, held hot, reheated and/or held cold. Include an English translation when necessary; please notify the local health department if you need help with translations. **\*FOOD CANNOT BE PREPARED FROM HOME!!!!** It is important to have receipts onsite for all food items that you buy. Also, monitor food temperatures and storage units at all times using thermometers!!!! Ensure that you cook potentially hazardous food (containing raw animal or plant ingredients) to proper temperature (PHF is food that requires temperature control because it can grow bacteria, toxin and other microorganisms (germs) that cause illness), maintain foods at refrigerated temperatures of 41F or below or keep foods hot at 135F or above and separate raw meats and eggs from while being stored so you don't cross contamination.

### PAGE 3, PART 2: TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

In order to obtain a mobile food approval, the mobile facility must operate from an approved fixed food establishment referred to as a *servicing area*. Mobile facilities must have an agreement with approved servicing area with a current health department approval. A home kitchen is NOT an approved servicing area.

**Servicing area business information:** Provide the *Trade Name* that identifies the servicing area, the *Sale Tax ID#* (see bottom of pg for more information on sales tax), *Owner/Corporate Name* and *Physical Address and Fax#*. Provide the last inspection date conducted by the local health department. A copy of the most current inspection report is required if the servicing area is NOT inspected by the local health department where mobile application is being made.

**I provide what foods for the mobile unit:** Check all boxes that pertain to the foods *your business provides* to the vendor.

**I provide what services for the mobile unit:** Include all the ways and in what capacity your facility accommodates the mobile vendor's operation by checking all boxes that apply. Is the mobile vendor preparing food at your facility? Storing food (dry goods, grocery, cold foods in refrigerator)? Storing utensils & equipment? Returning to your facility to use the 3 compartment sink for wash/rinse/sanitizing food contact surfaces of equipment and utensils? Disposing of trash, wastewater or grease? Park their mobile unit at your facility? Plug their mobile unit into electric at your facility?

**What days and times does the mobile vendor report to my facility:** You have indicated in the last 2 sections how the mobile vendor will be utilizing your facility. In this section, you must indicate the days and times of the week when the vendor has access to your facility. In making these arrangements, consider when the mobile vendor can come into your facility without interrupting your retail food operations for your business. Consider the vendors food & equipment storage needs, food prep time, and cleaning/sanitizing needs both during and at the end of their proposed workday.

**Certification/signature:** Read this section carefully and sign that you understand your role in the mobile food operations and have provided correct information. The agreement between the mobile vendor & servicing area is part of the application approval and grants approval for specific days, times & location of food operations at the servicing area and vending locations. Both parties have the obligation to notify the health department when servicing area, vending locations, set-up, menu, staff or any other changes are made from the approved application.

#### **PAGE 4, TOP SECTION: REQUIRED ATTACHMENTS (BOTTOM SECTION: HEALTH DEPT/OFFICIAL USE ONLY)**

**NJ Certificate of Authority (Sales Tax Registration)** NJ law requires anyone including all vendors, even seasonal businesses and "one-time" vendors, who makes retail sales and therefore conducts business in NJ to register with the State for tax purposes at least 15 business days before starting business and to collect NJ sales tax on all sales of taxable tangible personal property or services. There are no special provisions for temporary vendors. Once registered, you must file all required returns until you properly end your tax registration with NJ. To obtain a NJ Sales Tax ID#, you can register online or file a paper application. File Form NJ-REG (Business Registration Application) to register with the State *and* to obtain a NJ Tax ID #. For additional information on registering your business contact the NJ Dept of Taxation at 609-292-6400, email [nj.taxation@treas.state.nj.us](mailto:nj.taxation@treas.state.nj.us) or visit [www.state.nj.us/treasury/revenue/gettingregistered.shtml](http://www.state.nj.us/treasury/revenue/gettingregistered.shtml)  
Publications: <http://www.state.nj.us/treasury/taxation/publsut.shtml>

**Driver's License and Vehicle Registration:** Copies required for ALL operators of the mobile unit, regardless of what type of unit. This information is required in compliance with NJ Division of Motor Vehicle (NJDMV). The Vehicle Identification Number (VIN) that is inscribed on the vehicle must match the number located on the vehicle registration card.

**Floor Plan:** Sketch/layout/photo diagram of your operation. Draw/print/photo of the arrangement of all equipment & food preparation areas. Include restroom.

**Water Testing Records:** NJ state certified laboratory results for water utilized for food operations.

**Food Protection Managers Certification:** If you are classified as a Risk Type 3 food facility, one that prepares and serves Potentially Hazardous Foods (raw animal/plant products), serves a susceptible population *or* has a large menu which requires the complex preparation including cooking, cooling & reheating of 3 or more potentially hazardous foods, you must have at least one person in charge (PIC) of the facility operations to be certified as a Food Manager (CFM).

**Employee Health & Hygiene Written Policy:** Provide a copy of instructions prepared for employees for: proper hand washing procedures; duty reassignments or work restrictions of sick employee; designated smoking areas, prohibitions and/or procedures for returning from a smoke breaks; required work attire including things such as clean clothing or uniforms, aprons, hair nets, hats, etc and other applicable prohibitions or restrictions for things including jewelry, artificial nails, and nail polish.

**Servicing Area's Last Inspection Report:** Provide a copy of the last inspection report for the servicing area. This must be the full report, not just the placard. IF the servicing area is inspected by the same health department to which you are submitting the mobile food establishment application, no report is necessary.



**City of Long Branch Department of Health**  
344 Broadway . Long Branch, NJ 07740  
(732) 571-5665 . [www.visitlongbranch.com](http://www.visitlongbranch.com)

Date Received: \_\_\_\_\_

Application must be submitted at least 14 days prior to proposed operation.

**MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION**

☐ SEASONAL    ☐ ANNUAL    ☐ TEMPORARY

**PART 1 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#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

☐ Push Cart   ☐ Tabletop/Tent   ☐ Food Preparation Vehicle   ☐ Trailer   ☐ Refrigerated Vehicle   ☐ Other:

Sanitation/Personal Hygiene	Other Equipment
<input type="checkbox"/> Hot/cold Running Water	<input type="checkbox"/> Trash Container
<input type="checkbox"/> Freshwater Container _____ gals	<input type="checkbox"/> Sneeze Guards
<input type="checkbox"/> Wastewater Container _____ gals	<input type="checkbox"/> Extra Utensils
<input type="checkbox"/> Hand Sink w Warm Running Water	<input type="checkbox"/> Covered Containers
<input type="checkbox"/> Insulated Container w Free Flow Spout	<input type="checkbox"/> Foil, Plastic Wrap
<input type="checkbox"/> 3 Compartment Sink w hot/cold running water	<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"/> _____

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

Where will you serve food: \_\_\_\_\_

Months: ☐ Events Only (see below) ☐ Every Month of Yr ☐ 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: M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

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

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

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

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

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



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**DESCRIPTION of FOOD OPERATIONS:MENU ITEMS-SOURCE-PREP-HANDLING-STORAGE-EQUIPMT**  
**NO HOME PREPARED FOODS ALLOWED EXCEPT FOR BAKED GOODS PREPARED FOR CHARITABLE**  
**ORGANIZATIONS ONLY (WITH PLACARD); RECEIPTS MUST BE KEPT ONSITE FOR ALL FOOD ITEMS.**

List EVERY Food & Drink & how many servings of each item	IF this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE,PHONE # &ADDRESS	Prepared at Vending site (V) or Servicing Area (SA)?	Cooked at Vending site (V) or Servicing Area (SA)?	How do you COOK this food item? List EQUIPMENT USED & POWER SOURCE	How do you quickly cool the food item? List COOLING EQUIPMENT USED & POWER SOURCE	How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED & POWER SOURCE (No Sternos)	If reheating item for hot holding, List REHEATING EQUIPMENT USED & POWER SOURCE	How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED & POWER SOURCE
Example: Chicken Tenders,50	Raw Chicken	XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ	SA	SA	Oven, Natural Gas	Walk-in Refrigerator, Electric	N/A	N/A	Refrigerator, Electric





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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: _____	
Last Inspection Date _____	Fax # _____

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

<input type="checkbox"/> Packaged Foods	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Prepared Hot Foods	<input type="checkbox"/> Raw Fruits and vegetables
<input type="checkbox"/> Beverages	<input type="checkbox"/> Ice for consumption	<input type="checkbox"/> Prepared Cold Foods	<input type="checkbox"/> Raw Meats and/or Seafood
<input type="checkbox"/> Other _____			

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

<input type="checkbox"/> Space for the mobile vendor/operator to prepare food at my servicing location
<input type="checkbox"/> Space for the mobile vendor/operator to store the mobile unit at my servicing location
<input type="checkbox"/> Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area
<input type="checkbox"/> Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
<input type="checkbox"/> 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)
<input type="checkbox"/> Storage of non-hazardous foods, utensils & equipment
<input type="checkbox"/> 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
<input type="checkbox"/> Trash and garbage disposal
<input type="checkbox"/> Waste water disposal
<input type="checkbox"/> Grease/oil disposal

**THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Beginning of the day Time _____	<input type="checkbox"/> End of the day Time _____	<input type="checkbox"/> Other _____ Time _____				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> 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.

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



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MOBILE UNIT NAME \_\_\_\_\_  
ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

DATE: \_\_\_\_\_

- ☐ 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 all mobiles regardless of type of unit)
- ☐ *Floor Plan*: sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- ☐ *Water Testing Records* (private wells only)
- ☐ Copy of *Food Protection Managers Certification*, if required
- ☐ *Employee Health & Hygiene Written Policy*-include instructions for hand washing, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
- ☐ Copy of *Servicing Area's Last Inspection Report* if NOT inspected by the THIS Health Dept.

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

DISAPPROVED: DATE: \_\_\_\_\_  
Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)  
Reasons for disapproval: \_\_\_\_\_

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

**Mobile Retail Food:** Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self contained mobile unit inspections are conducted at your servicing area and at the vending location. Application approvals [excluding temporary establishments (see below)] expire December 31st each year. A new application must be submitted and approved annually at least 14 days prior to operation.

**Temporary Event Retail Food Establishment:** A mobile retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration. This application must be submitted and approved at least 14 days prior to the event. An on-site inspection at the event is performed one hour prior to the start of the event. Approvals expire in 14 days or at the end of the event. Application amendments may be submitted for future events within the same calendar year.

\*Special Event Permit .....\$50.00

Mobile License ..... \$100.00

Mobile Food License..... \$50.00

Mobile Employee ..... \$25.00 \* required for all applications