

PROCEDURES FOR OPERATING A MOBILE / TEMPORARY RETAIL FOOD ESTABLISHMENT

**APPLICATIONS FOR TEMPORARY EVENTS 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 as of 1/1/2021

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 submit an application 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 returned to the Burlington County Health Department (BCHD) prior to operating.
(Note: This application includes Temporary Food Facilities such as Tables and Tent set ups).
- The vendor shall provide **proof of an agreement** with a SERVICING AREA (BASE OF OPERATIONS). (A commercial kitchen that has been inspected by a local health dept.- this is page 3 of the application) If this facility is located outside of Burlington County, then a copy of the establishment's most recent **HEALTH INSPECTION WRITTEN REPORT** is also 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 Prohibited)**
- **NJ TAX ID # required**- NJ law requires all vendors, even seasonal businesses and "one-time" vendors, who make retail sales and conducts business in NJ to register with the State for tax purposes and to collect NJ sales tax on all sales of taxable tangible personal property or services. File Form NJ-REG (Business Registration Application)
 - Contact the NJ Dept. of Taxation: **PHONE:** (609) 292-6400 / **EMAIL:** nj.taxation@treas.state.nj.us or **ONLINE:** www.state.nj.us/treasury/revenue/gettingregistered.shtml
 - Publications: <http://www.state.nj.us/treasury/taxation/publsut.shtml>
- All vendors shall provide a **method of handwashing** such as running water with soap and paper towels or a hand wash station approved by the BCHD.
- **Written Permission from municipalities** regarding vending locations may be required prior to BCHD approval.
- **An inspection by a representative of the BCHD** shall be conducted prior to operating or arrangements shall be made with BCHD for an inspection during an event to determine compliance. Upon completion of a Satisfactory inspection, a written inspection report and Satisfactory evaluation placard will be issued to the vendor.
- The vendor shall then provide a copy of the inspection report and evaluation placard to each municipality serviced, to **obtain a food vending license or permit**, prior to operating.
- The **inspection placard must then be posted** in view of the public during all working hours. Annual inspections are required by BCHD, in addition to local Municipal licensing.

HOME PREPARATION & STORAGE OF FOOD IS PROHIBITED



MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

A \$100 (one hundred) dollar fee is required to process and review this application as of 1/1/2021

Application must be submitted at least 10 business days prior to proposed operation.

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)

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

Table with 2 columns: Sanitation/Personal Hygiene and Other Equipment. Lists various requirements like running water, containers, sinks, and equipment like trash containers and thermometers.

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

If Temporary /Special Event(s):

Name of Event(s):
Days & Times at the Event:
Event Contact Person:
Email: Phone:

MOBILE UNIT NAME: _____ DATE: _____

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 _____

MOBILE UNIT NAME: _____ DATE: _____

ATTACHMENT CHEKLIST (SUBMIT ALL WITH APPLICATION)

FEES: A \$100 (one hundred) dollar fee is required to process and review this application as of 1/1/2021- payable by CASH, CHECK or MONEY ORDER (written out to BCHD)

- 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 THIS Health Department

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: _____

- **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 10 business 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 **10 business days prior to the event.** Establishments are subject to on-site inspections at 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.

MOBILE UNIT NAME: _____ DATE: _____

SKETCH/ LAYOUT/ FLOOR PLAN BELOW:

