Dear Mobile Food Vendor:

If you are planning on operating a retail mobile food vending business in Burlington County, you must fill out an application and submit it to this Department for approval.

As you may be aware, any person or operation that intends to serve food to the public is required by state law to have an approval from the local health department prior to operating. This applies to fixed as well as mobile operations and approval is necessary regardless of whether there is a charge for the food. A Mobile Retail Food Establishment is defined in N.J.A.C. 8:24-1.5 as “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”. This includes “table tops”.

In addition, a “Servicing Area” is defined as “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”. FOOD PREPARED OR STORED IN A HOME KITCHEN IS NOT ALLOWED TO BE SERVED TO THE PUBLIC.

Enclosed is a “Mobile Retail Food Establishment Application” and instructions for completing the application. Please note the following:

- If you will be vending in a municipality, participating in a special event, or have a servicing area in Burlington County, you must submit an application prior to operating.
- The application must be signed by both you, as the Mobile Food Vendor, and the Servicing Area Owner.
- The Servicing Area owner must have a current inspection and possess a “Satisfactory” rating. Mobile unit inspections are conducted at the servicing location. If your servicing area is not located in Burlington County, you must contact the Health Department with jurisdiction in that county.
- The “Mobile Retail Food Application Amendment”, which has also been included, must be submitted for each additional special event you will be participating in once your initial “Mobile Retail Food Establishment Application” has been approved.

These documents and other retail food information can also be found on our website at: [www.co.burlington.nj.us](http://www.co.burlington.nj.us) (enter “Retail Food Forms” in the search value)

If you need assistance or have any questions, please feel free to contact me at 609-265-5521 or Tyrone Eugene at 609-265-5566. Thank you for your cooperation in this matter.

Very truly yours,

Kathleen Holmes
Kathleen Holmes
Chief  Registered Environmental Health Specialist
Application must be submitted at least 10 days prior to proposed operation.

MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION
☐ SEASONAL  ☐ ANNUAL  ☐ TEMPORARY/SPECIAL EVENT

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#:___________________
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>
<thead>
<tr>
<th>Sanitation/Personal Hygiene</th>
<th>Other Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Hot/cold Running Water</td>
<td>☐ Trash Container</td>
</tr>
<tr>
<td>☐ Freshwater Container _____ gals</td>
<td>☐ Sneeze Guards</td>
</tr>
<tr>
<td>☐ Wastewater Container _____ gals</td>
<td>☐ Extra Utensils</td>
</tr>
<tr>
<td>☐ Hand Sink w Warm Running Water</td>
<td>☐ Insulated Container w Free Flow Spout</td>
</tr>
<tr>
<td>☐ Insulated Container w Free Flow Spout</td>
<td>☐ Covered Containers</td>
</tr>
<tr>
<td>☐ 3 Compartment Sink w hot/cold running water</td>
<td>☐ Foil, Plastic Wrap</td>
</tr>
<tr>
<td>☐ Buckets/Spray Bottles w/Sanitizer</td>
<td>☐ Thermometers</td>
</tr>
<tr>
<td>☐ Gloves ☐ Paper Towels ☐ Soap</td>
<td>☐ Sanitizer/test kit</td>
</tr>
</tbody>
</table>

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

Where will you serve food (Towns/Counties): ______________________________________________________

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: ____________________________________________________________ Phone:________
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

<table>
<thead>
<tr>
<th>List EVERY Food &amp; Drink &amp; how many servings of each item</th>
<th>If this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients</th>
<th>Where did you buy this item? List STORE, PHONE # &amp; ADDRESS</th>
<th>Prepared at Vending site (V) or Servicing Area (SA)?</th>
<th>Cooked at Vending site (V) or Servicing Area (SA)?</th>
<th>How do you COOK this food item? List EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you quickly cool the food item? List COOLING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you keep the food hot? List HOT HOLDING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>If reheating item for hot holding, List REHEATING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED &amp; POWER SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Chicken Tenders, 50</td>
<td>Raw Chicken</td>
<td>XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ</td>
<td>SA</td>
<td>SA</td>
<td>Oven, Natural Gas</td>
<td>Walk-in Refrigerator, Electric</td>
<td>Chafing Pan, Gas</td>
<td>Fryer, Gas</td>
<td>Refrigerator, Electric</td>
</tr>
<tr>
<td>Example: Meatball Subs, 75</td>
<td>Precooked prepackaged Meatballs</td>
<td>XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ</td>
<td>V</td>
<td>V</td>
<td>Grill, Gas</td>
<td>N/A</td>
<td>Crockpot, Electric</td>
<td>Grill, Gas</td>
<td>Freezer &amp; Refrigerator, Electric</td>
</tr>
</tbody>
</table>

...
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 # ____________________________
☐ 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) ____________________________
Burlington County Health Department
15 Pioneer Boulevard, Westampton, NJ 08060
609-265-5515 / Fax: 609-265-5541  www.co.burlington.nj.us

MOBILE UNIT NAME ___________________________ DATE: ______________________

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

☐ 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 10 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 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 yr.

FEES:

Fees may vary, please check with each Health Department covering the areas that you are vending.
MOBILE UNIT NAME: _________________________________DATE: ___________________

SKETCH/ LAYOUT/ FLOOR PLAN BELOW:
MOBILE RETAIL FOOD APPLICATION AMENDMENT

This application is to be used by vendors who have received full prior approval from a Health Department and plans on participating in a special event.

MOBILE VENDOR BUSINESS AND EVENT INFORMATION

Trading Name of Mobile Unit ________________________________ Street Address ________________________________
Owner/Corporation __________________________ Street Address ________________________________
Mail Address ___________________________ City _____________ State _______ Zip _______
Contact Person Name __________________________ Cell# __________________________ Fax#
Home Phone# ___________________________ Cell# __________________________ Fax#
Email ___________________________

Approval Date of Last Full Application ___________________________
County/Municipal Health Agency Issuing the Approval ___________________________

Temporary Event Information
Name of Event ___________________________
Dates and Time of Event ___________________________
Event Contact Person ___________________________ Phone#

CHECK THE ITEMS BELOW WHICH HAVE NOT CHANGED:

My set-up has not changed from my original approved application.
NOTE: If the set-up has changed, page one of the original application must be modified and submitted for approval.

My menu has not changed from my original approved application.
NOTE: If the menu has changed, page two of the original application must be modified and submitted for approval.

My servicing area has not changed from my original approved application.
NOTE: If the servicing area has changed, page three of the original application must be modified and submitted for approval.

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 to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. 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 and is subject to penalties, fines and possible license forfeiture. AND, I hereby certify that the above listed information is correct.

Mobile Owner/Operator (print) ___________________________ Date ___________________________
Mobile Owner/Operator (signature) ___________________________