

Gloucester County Department of Health
204 E. Holly Avenue
Sewell, NJ 08080
(856) 218-4170
www.gloucestercountynj.gov

Mobile Vendor Application

If you serve food to the public, for profit or for free, you are required by state law to have an approval from the local health department prior to operating.

A Mobile food establishment is any movable restaurant, truck, van, trailer, cart, tabletop, 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.

You must come prepared on the day of your inspection. If your documentation is incomplete, your unit is not operating as intended or necessary equipment/supplies/ utensils are not provided, we will not conduct the inspection. You will need to return and begin the entire inspection process again.

Note: All food vendors with a current calendar year's mobile inspection report from any member of the South Jersey Mobile Alliance (Atlantic, Burlington, Camden, Cumberland, Salem, or Vineland City) are NOT required to apply to Gloucester County. A copy of the approved application and inspection report from the issuing county with a completed Mobile Retail Food Amendment Form will be accepted in lieu of this application.

INspeCTION HOURS, LOCATION AND FEE INFORMATION

Office Location:

Gloucester County Department of Health, Environmental Unit 1200 N Delsea Drive Clayton NJ 08312

Inspection Fees: Risk is determined by inspecting health official

INSPECTION FEE IS NON-REFUNDABLE

Fees payable to Gloucester County; via the QR code above.

Application and fee can be submitted via online portal using the QR code above.

Risk Type 1: \$200

Risk Type 2: \$200

Risk Type 3 or 4: \$200 Food Protection Manager Certificate Required

Non-Profit Organizations: No Fee

N.J.A.C. 8:24 requires that a food establishment submits plans and specifications prior to operation.

Applications will not be approved until all items below are submitted and the fee is received.

The application shall be submitted via the online portal using the QR code above.

Applications shall be submitted at least 7 business days before the event.

- Mobile Vendor Business Information
- Description of Operations
- Intended Menu
- Servicing Area Information
- Floor Plan
- Training Plan Affidavit
- Water Testing Records for Servicing Area (private wells only)
- Copy of New Jersey Certificate of Authority (sales tax document)
- Copy of Driver's License
- Copy of Vehicle/Trailer Registration
- Copy of Food Protection Manager Certification (Risk 3 or any specialized processes)
- Servicing Area's Last Inspection Report (if not inspected by this department)

Mobile Vendor Business Information

Trading Name of Mobile Vendor:		Sales Tax ID:
Owner/Corporation:		
Street Address:		
State:	City:	Zip Code:
Contact Person Name:		Phone:
Email:		
Type of Mobile Unit: <input type="checkbox"/> Pushcart <input type="checkbox"/> Tabletop/Tent <input type="checkbox"/> Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Other _____		

I hereby acknowledge that I have read, understood, and agree to comply with all the requirements, including but not limited to, what is outlined in this application. I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I am also aware that the final approval of my mobile unit will be subject to the health authorities' review and approval. Furthermore, I certify that I, along with my employees, have been educated on and will abide by all food safety regulations as outlined in N.J.A.C. 8:24.

Print: _____ **Date:** _____

Signature: _____

Description of Operations:

Check all equipment that apply to your unit:

- Hot/cold running water
- Hand sink with free-flowing water
- Dish washing machine/three compartment sink
- Sanitizer test strips
- Buckets/spray bottles with sanitizer
- Insulated container with free-flowing water (tabletops/tents only)
- Fresh water container ____ gallons
- Gloves, paper towels, soap
- Trash containers
- Wastewater container ____ gallons
- Extra utensils
- Covers for all containers
- Thermometers

Anticipated Mobile Food Unit Schedule:

Months operating:

Jan Feb March April May June July Aug Sept Oct Nov Dec

Days of operation: Mon Tues Wed Thurs Fri Sat Sun

**Check the jurisdictions your business plans to vend
in that participate in the SJ Mobile Alliance:**

- Atlantic County
- Camden County
- Burlington County
- Salem County
- Gloucester County
- Vineland City
- Cumberland County

Name of Event/Market/Street/Public Area	Date(s)	Location	Contact for event/market:	Event/market contact email:

Intended Menu:

Will you be doing any of the following?

If yes to any of the below, attach policy and procedures

- Yes No Reduced oxygen packaging (vacuum sealing), smoking or curing of foods, fermentation, acidification of food, etc
- Yes No Raw Shellfish: Mussels, clams, etc.
- Yes No Preparing food that calls for raw eggs (Caesar dressing, hollandaise, tiramisu, etc.)
- Yes No Cooking food in advance and cooling or reheating food item

List EVERY food, drink & topping & how many servings of each item	If an item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE & CITY *Receipts must be available upon request*	Prepared at vending site(V) or servicing area (SA)?	Cooked at vending site(V) or servicing area (SA)?	How do you keep the food item cold? List cold holding equipment used & the power source	How do you keep the food item hot? List hot holding equipment used & the power source (No Sternos)

THIS PAGE IS TO BE COMPLETED BY THE SERVICING AREA OWNER

Mobile Unit Business Name:		
Business Name of Servicing Area:		Sales Tax ID:
Street Address:		
City:	State:	Zip:
Owner/Corporation Name:		
Phone:	Last inspection date:	

Using a private home for preparing, or storing food or equipment is prohibited

Provide a copy of last inspection report if establishment is NOT inspected by THIS department

My establishment provides the following services AND/OR food for this mobile unit:

<input type="checkbox"/> Space for the mobile vendor/operator to prepare food	<input type="checkbox"/> Three-compartment sink/dish washing machine for wash, rinse and sanitizing of food contact surfaces
<input type="checkbox"/> Space for the mobile vendor/operator to store the mobile unit equipment	<input type="checkbox"/> Trash and garbage disposal
<input type="checkbox"/> Utility services (i.e., electric hook-up) for mobile unit while in storage	<input type="checkbox"/> Wastewater disposal
<input type="checkbox"/> Refrigeration storage of perishable and/or potentially hazardous foods food (raw fruits, vegetables, meat, dairy, etc.)	<input type="checkbox"/> Food source: _____
<input type="checkbox"/> Storage of non-hazardous foods, utensils and equipment	<input type="checkbox"/> Water source: _____
	<input type="checkbox"/> Waste/Grease disposal source: _____

The mobile operator reports to my facility:

<input type="checkbox"/> Monday From: _____ To: _____	<input type="checkbox"/> Tuesday From: _____ To: _____	<input type="checkbox"/> Wednesday From: _____ To: _____	<input type="checkbox"/> Thursday From: _____ To: _____	<input type="checkbox"/> Friday From: _____ To: _____	<input type="checkbox"/> Saturday From: _____ To: _____	<input type="checkbox"/> Sunday From: _____ To: _____
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By signing below:

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.

APPLICATION IS INCOMPLETE IF THIS AREA IS NOT SIGNED

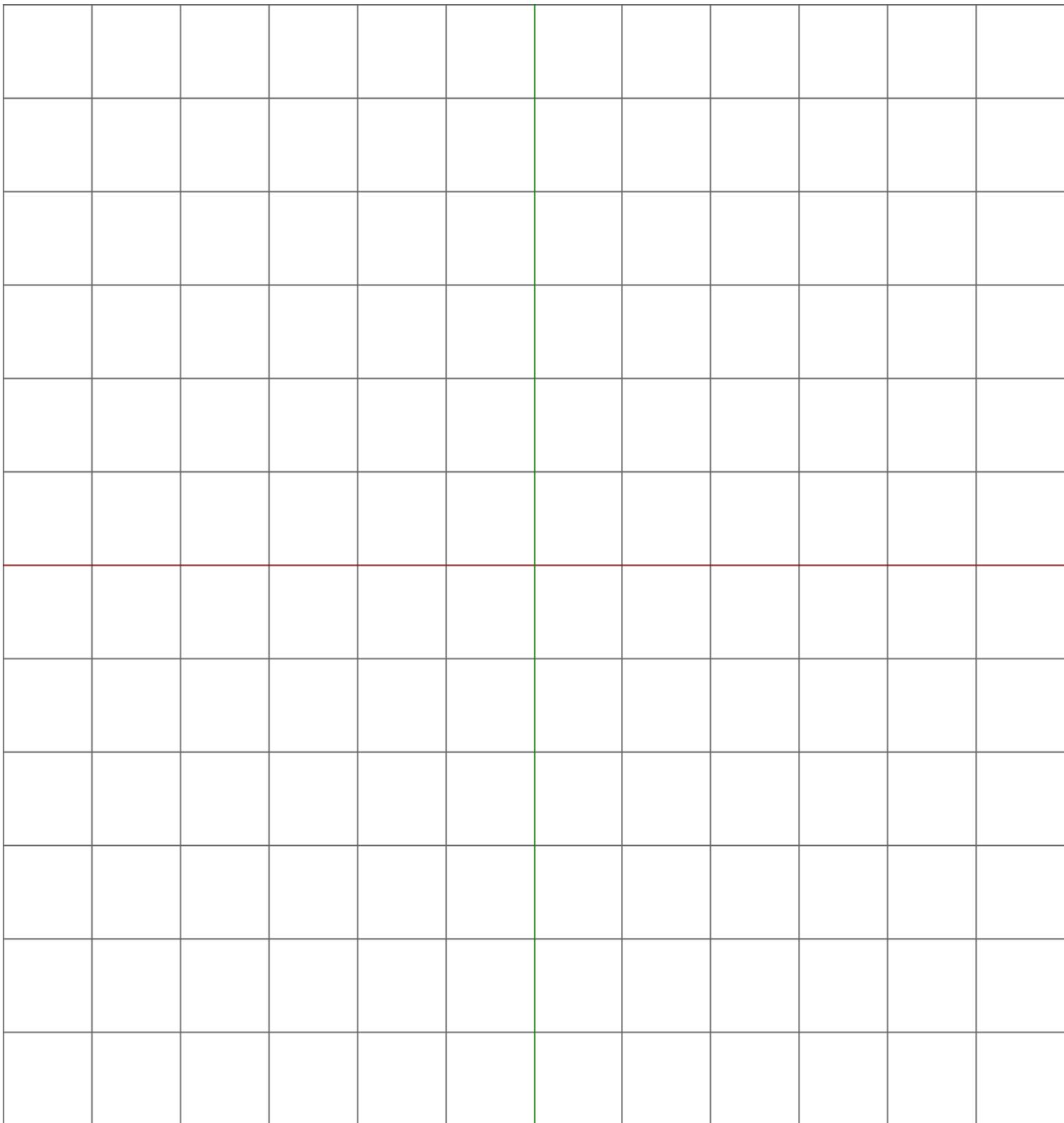
**Servicing Area Owner/Operator Print: _____
Date: _____**

pg. 5

**Servicing Area Owner/Operator Signature: _____
Date: _____**

Floor Plan:

All types of equipment should be labeled in the drawing/photo



Training Plan Affidavit

Below is a proposed program of training for the persons in charge and food employees pertaining to protecting public health and the safety and integrity of food in accordance with N.J.A.C. 8:24 which may include but is **not limited** to the items below. By signing, you agree to proceed with the outlined training plan. However, you are welcome to submit an alternative training plan for your business. Please review the details below and sign and return the document. Should you wish to propose any modifications, kindly submit your business's training plan.

- All operations pertaining to this mobile unit are done at a servicing area and not at a home
- Handwash station and proper hand washing
 - Examples: After touching body parts, after touching a phone, after touching money, before putting on gloves, after using the restrooms, when changing tasks, etc.
 - During operation, the hand wash station must be always set up and functional. Failure to do so will result in the mobile unit being shut down and food being discarded
- All employees shall be educated on employee policies and proper hand washing
- All food at an event is under the overhead protection to prevent contamination
- Thermometers and temperature logs are available
- Employees are trained on proper cooking temperatures (chicken, steak, pork, etc.)
- Cold food is kept at 41F or below at all times
- Hot food is served directly to customers or kept at 135F or above at all times
 - No sterno's are to be used for hot holding
 - All hot food should be discarded at the end of the day

I hereby acknowledge that I have read, understood, and agree to comply with all the requirements, including but not limited to, what is outlined above. I am also aware that the final approval of my mobile unit will be subject to the health authorities' review and approval. Furthermore, I certify that I, along with my employees, have been educated on and will abide by all food safety regulations as outlined in N.J.A.C. 8:24.

Owner Signature

Date

Official Use Section Only

Approved Date: _____ Expiration Date: _____

Classified Risk Type:

Risk 1 Risk 2 Risk 3 Risk 4 Explain: _____

Approval Restrictions:

Inspector: _____

Disapproval Reasons:

Disapproved Date: _____

Inspector: _____

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