



## 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 must be submitted at least 10 business days prior to event

TEMPORARY MOBILE VENDOR BUSINESS INFORMATION			
Trading Name of Temporary Vendor			
Owner/Corporation			
Street Address			
State	Zip code	Mailing Address (if different)	
Home Phone		Cell Phone	Fax
Email			
Contact Person			Telephone
Email			
FOOD PROTECTION MANAGER CERTIFICATION (Please provide a copy)			
Name of certified Individual		Issuance Date	Expiration Date
TYPE OF TEMPORARY MOBILE VENDOR (Check all that apply)			
<input type="checkbox"/> Tabletop/Tent  <input type="checkbox"/> Food Preparation Vehicle  <input type="checkbox"/> Refrigerated Vehicle  Other: _____	<input type="checkbox"/> Non-motorized pushcart   (Example: Italian ice pushcart, hot dog cart etc.)	<input type="checkbox"/> Motorized mobile truck  <input type="checkbox"/> Immobile Non-cooking station  (Example: hot/cold prepackaged food, catered food, hot holding cooked food)	<input type="checkbox"/> Motorized step truck  <input type="checkbox"/> Immobile cooking station  (Example: cooking capabilities stationary cooking station hazardous foods)
VEHICLE INFORMATION (Motorized vehicles only)			
State Driver License Number			
Vehicle Description			

**SUPPLIER INFORMATION**

Name of Food Supplier (if any)	
Address of Food Supplier	
Milk Supplier (if any)	
Ready to Eat Food Supplier	
List All Food & Drink Items	
_____	
_____	
_____	
Are any of the items prepared using raw animal or plant products? (circle) <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span>	
If so, list all raw animal or plant products	List stores where products were purchased

**FOOD PREPARATION**

Site of food preparation? (please check) <input type="checkbox"/> Vending site <input type="checkbox"/> Other location _____	
List all locations if other _____	
Site of cooking? (please check) <input type="checkbox"/> Vending site <input type="checkbox"/> Other location _____	
List all locations if other _____	
List all cooling and heating equipment used to maintain hot (135°F) and cold (41°F) food temperatures	List power source(s) used.
Describe all methods of cooling food from ≥135°F to ≤41°F	
Describe all methods of reheating food from ≤41°F to ≥135°F	

**VENDOR OPERATION SCHEDULE**

Name of Event(s)	
Hours Event	
Date of event(s)	
Phone	Email
Event Contact Person	

**GUIDELINES FOR 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

TEMPORARY RETAIL FOOD VENDOR NAME \_\_\_\_\_ DATE \_\_\_\_\_

- I (Vendor) will provide my own servicing area that is fully compliant with all applicable regulations as provided in N.J.A.C. 8:24. This would include (but not be limited to), proper wash/ rinse/sanitize area, hand wash area, garbage containers, electric power source, refrigeration, all receipts for food items and source, location of nearest restroom facility, sanitizing equipment for utensils, hot/cold holding, thermometers, etc.

Items and equipment for servicing to be provided by the event management and includes the following (check all that apply):

- Event provided equipment for temporary vendor/operator to prepare food at the event location.
- Event provided space for temporary vendor/operator to provide storage for the temporary unit at the event location.
- Event provided utility Service (i.e. electric hook-up) for temporary unit while in storage at event location.
- Event-provided refrigerated storage of perishable foods (raw fruits & vegetables, etc.).
- Event provided 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.).
- Event provided area for storage of non-hazardous foods, utensils and equipment.
- Event provided 3-Compartment sink for washing, rinsing and sanitizing of food contact surfaces.
- Event provided trash and garbage disposal.
- Event provided waste water disposal.
- Event provided grease and oil disposal.

(I understand that I am ultimately responsible for providing all equipment, utensils and methods pertaining to my temporary food establishment, even if the event has indicated it will provide all items necessary.)

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food and cleaning of 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 Union County Office of Health Management immediately.

The Union County Office of Health Management reserves the right to deny the application for a temporary mobile retail food establishment for any reason that would imply or indicate that proper public health protection will not be met by the operation of this facility. The Union County Office of Health Management may also require additional information and documentation in addition to this application for this purpose.

Temporary Owner/Operator (print name) \_\_\_\_\_ Date \_\_\_\_\_

Temporary Owner/Operator (signature) \_\_\_\_\_

TEMPORARY MOBILE RETAIL FOOD VENDOR NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Mobile retail food establishment:** 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 APPLICATION MUST BE SUBMITTED AND APPROVED AT LEAST 10 BUSINESS DAYS PRIOR TO THE EVENT. VENDOR IS SUBJECT TO A RANDOM ON-SITE INSPECTION.**

OFFICIAL USE ONLY	
APPROVED DATE: _____	EXPIRATION DATE: _____
Classified Risk Type: <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2 <input type="checkbox"/> Risk 3 (operations at service area only)	
Approval Restrictions: _____	
_____	
_____	
Inspector: _____	Approval effective date: _____
REJECTED DATE: _____	
Classified Risk Type: <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2 <input type="checkbox"/> Risk 3 (operations at service area only)	
Reasons for rejection: _____	
_____	
_____	
Inspector: _____	

PLEASE MAIL COMPLETED APPLICATION TO:

UNION COUNTY OFFICE OF HEALTH MANAGEMENT  
400 NORTH AVENUE EAST, WESTFIELD, NJ 07090

OR EMAIL AS A PDF DOCUMENT TO [uhealth@ucnj.org](mailto:uhealth@ucnj.org).

IF YOU HAVE ANY QUESTIONS, PLEASE CALL  
THE UNION COUNTY OFFICE OF HEALTH MANAGEMENT  
AT (908) 518 5620.