

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

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Making It Better, Together.

Division of Environmental Health
and Consumer Services

DiPiero Center, Suite 301

512 Lakeland Road.

Blackwood, NJ 08012

(856) 374-6052 fax (856) 374-
6211

MOBILE VENDOR INSPECTIONS

Dear Mobile Food Vendor:

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.

Camden County Division of Environmental Health
DiPiero Center, Suite 301
512 Lakeland Rd.
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Phone: 856-374-6052 Fax: 856-374-6211

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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. Servicing area must have an inspection within the past 12 months.

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.

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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 or visit 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.

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DIRECTIONS
CAMDEN COUNTY DIVISION OF ENVIRONMENTAL HEALTH
DIPIERO CENTER, SUITE 301
512 LAKELAND ROAD
BLACKWOOD, NJ 08012
PHONE: 856-374-6052
FAX: 856-374-6211

1. From either I-76 (Camden) or Route 130 South (Gloucester City) or Route 295 South (Bellmawr) merge onto Route 42 South. Follow signs for Atlantic City.
2. On Route 42 South take Exit 10A ramp for Route 168 South (Blenheim/Blackwood exit).
3. Merge right onto Black Horse Pike/Route 168.
4. At the third traffic light, turn RIGHT onto Lakeland Road.
5. Just before you approach the end of Lakeland Road, you will see the **Henry Dunn Memorial Park**. Turn RIGHT into the driveway located alongside the Park and proceed to the end of the driveway. In front of the red storage trailer you will see the sign: **HEALTH DEPARTMENT VENDOR INSPECTIONS ONLY**.
6. Park your mobile unit and begin preparing for your inspection.
7. Set up your unit. This includes but is not limited to: power-up all hot holding and cold holding equipment, display clean serving utensils, set-up overhead protection equipment (umbrellas, canopies etc.), activate handwashing equipment and related supplies (including warm water), display trash receptacles, thermometers. Place water in all equipment that drains or produces condensation. Bring extra water so your holding tank can be tested for leakage. Units must be clean and in good condition. If equipment is missing, not operational or in good/clean condition your unit will not pass inspection.
8. Cross Lakeland Road at the crosswalk and enter the DiPiero Center (6 story building) located directly across the street from the Park. Security guard will announce you. Bring all required documents with you.
9. Required documentation includes: completed Commissary Affidavit, identification, tax identification, vehicle information and commissary inspection report and placard if commissary is inspected by another Health Department.
10. Payment is required in either cash (exact amount) or money order. We do not have change.

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Please come prepared. 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.

ATTENTION MOBILE VENDORS

INSPECTION HOURS, LOCATION AND FEE INFORMATION

Office Location: Camden County Division of Environmental Health
DiPiero Center, Suite #301
512 Lakeland Rd.
Blackwood, NJ 08012
856-374-6052

Mobile Unit Parking Location: Henry Dunn Park Parking Lot (across the street from the DiPiero Building)
Mobile Vendor Unit staging area is at the rear of the lot next to the burgundy red storage unit.
Blue and white signage states: **HEALTH DEPARTMENT VENDOR INSPECTIONS ONLY**

Inspection Hours: 8:30 AM to 9:30 AM any business day. Check our Holiday and Furlough schedule on www.camdencounty.com

Inspection Fees: Fees payable to *Camden County Treasurer*; check, money order or cash (exact amount only).

Risk Type 1	Limited handling of commercially packaged and processed food.	\$35
Risk Type 2	Cook/Serve; hot/cold holding after prep; limited preparation.	\$50
Risk Type 3	Extensive menu involving raw meats/poultry.	\$75
Temporary Event Retail Food Establishment		\$75

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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#: _____
Email: _____		

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!!! TAKE TEMPERATURES!! YOU MUST HAVE RECEIPTS ONSITE FOR ALL
FOOD ITEMS YOU BUY! (copy if additional forms are needed)**

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

COMMISSARY PAGE

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PART 2 TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

MOBILE UNIT NAME _____

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 _____

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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 the health department office and at your servicing area. Inspections are valid until December 31.

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 7 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. An application amendment may be submitted for future events.

Risk (1) inspection \$35.00
Risk (2) inspection \$50.00
Risk (3) inspection \$75.00
Temporary Event Retail Food Establishment: \$75.00

Mobile Operation Setup Sketch

Please sketch your operation in the space below showing all equipment needed to support your menu, hand wash station, and location of rest room facilities.

The over head area is protected by

Equipment List

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

Hand sink type is

hot & cold/ warm ... water

Scale is Aprox. ~

per square

Rest Rooms are available at:

Employee Hygiene Policies

Staff does not work with food when sick:

- You are sick when:

- _____
- _____
- _____
- _____

Staff Hand washing Policy

- Staff must wash hands: (when, before, after)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Staff Policy for _____ is

- Staff (will) _____ (when):

- _____
- _____
- _____
- _____
- _____