

John Protonentis, REHS
Environmental Health Coordinator

Environmental & Consumer Health

Email: jprotonentis@ochd.org



Public Health
Prevent. Promote. Protect.

OCEAN COUNTY HEALTH DEPARTMENT

P.O. Box 2191

Toms River, NJ 08754-2191

(732) 341-9700 ext. 7480

Fax: (732) 286-1495

MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

Seasonal

Annual

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 Phone: _____ Fax: _____

Email Address: _____

Type of Mobile Unit (Check all that apply)

Push Cart Tabletop/Tent Food Prep Vehicle Trailer Refrigerated Vehicle Other

Sanitation/Personal Hygiene

- Hot/cold running water
- Freshwater Container _____ Gals
- Wastewater Container _____ Gals
- Handsink w. warm running water
- Insulated Container w/ Free Flow Spout
- 3 Compartment Sink with hot/cold run water
- Buckets/Spray Bottles with Sanitizer
- Gloves Paper Towels Soap

Other Equipment

- Trash Container
- Sneeze Guards
- Extra Utensils
- Covered Containers
- Foil, Plastic Wrap
- Thermometers
- Sanitizer Test Kit
- _____

Mobile Food Unit Operation Schedule (Check/List all that apply)

Where you will serve food: _____

Months: Events only (see below) Every month of yr. Selected months _____

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If a Special Event:

Name of Event(s): _____

Days and Times at the event(s): _____

Event Contact Person: _____

Email: _____ Phone: _____

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MOBILE UNIT NAME _____

DATE _____

PART 2 (TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER)

Servicing Area Business Information

Trading Name of Servicing Area _____

Owner/Corporate Name _____

Address _____

Last Inspection Date _____ Phone _____

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/seafood
- Other _____

I provide the following SERVICES for this mobile unit (check all that apply):

- Space for mobile vendor/operator to prepare food at my servicing location
- Space for mobile vendor/operator to store the mobile unit at my servicing location
- Utility Service (i.e. electric hook-up) for mobile unit while in storage at servicing area
- 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 and equipment
- 3-Compartment sink for washing, rinsing and sanitizing of food contact surfaces
- Trash and garbage disposal
- Waste water disposal
- Grease and 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 (NJAC 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 and cleaning of utensils used in this mobile operation is prohibited as per NJAC 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 Ocean County Health Department immediately.

Servicing Area Owner/Operator (print) _____ Date _____

Servicing Area Owner/Operator (signature) _____

Mobile Owner/Operator (print) _____ Date _____

Mobile Owner/Operator (signature) _____

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Mobile Unit Name _____ Date _____

Attachment Checklist (Submit all with application)

- Copy of Vehicle Registration showing VIN # (for all mobiles using a street licensed unit)
- Floor Plan: sketch/layout/photo diagram of operation showing all equipment, workspace, restroom
- Water testing records (private wells only, if not already provided to the OCHD)
- Copy of Food Protection Manager's Certification, if required
- Copy of Servicing Area's Last Inspection Report, if not inspected by this Health Dept.

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, 2014.

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 of 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 when possible. Approvals expire in 14 days OR at the end of the event. An application amendment may be submitted for future events.

BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED DATE: _____ EXPIRATION DATE: _____
Classified Risk Type: Risk 1 Risk 2 Risk 3 (operations at service area only)
Approval Restrictions: _____

Inspector: _____ Approval effective date: _____

REJECTED DATE: _____
Classified Risk Type: Risk 1 Risk 2 Risk 3 (operations at service area only)
Reasons for rejection: _____

Inspector: _____

Please mail completed applications to:

Ocean County Health Department
Environmental Division
PO Box 2191
Toms River, NJ 08754-2191

OR EMAIL TO jprotonentis@ochd.org