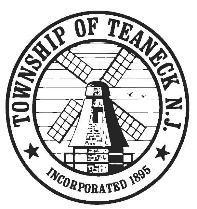
**MOBILE FOOD VENDOR (2024)**  ****

**LICENSE APPLICATION**

TEANECK HEALTH DEPARTMENT

818 TEANECK ROAD

TEANECK, NJ 07666

(201) 837-1600 Ext. 1500

FEE $ 275.00

**PART 1 (To be completed by food vendor)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vendor’s Information | | | | |
| Business Name: | | | Owner’s Name: | |
| Phone Number: | | | Email: | |
| Mailing Address: | | | | |
| City: | State: | | | Zip Code: |
| Vehicle Type: | | Vehicle License Plate: | | |

|  |  |
| --- | --- |
| Food Preparation/Information | |
| Menu: List food items to be prepared/sold | |
| Where is food purchased? (Please keep invoices) | |
| Where are you holding Potentially Hazardous Foods (PHFs)? If applicable. Ex: Cold foods at 41F or below. Hot foods at 135F or above after cooked. | |
| Cold Holding Equipment:  Refrigerator – Cooler with ice – Freezer  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hot holding equipment:  Stove – Steam table – Oven – Grill  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART 2 (To be completed by Commissary/Servicing Area owner/manager)**

|  |  |  |  |
| --- | --- | --- | --- |
| Commissary/Service Area Information | | | |
| Business Name: | | Owner’s Name: | |
| Phone Number: | | Email: | |
| Mailing Address: | | | |
| City: | State: | | Zip code: |

**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 are servicing location  \_\_\_ Refrigerated storage of Potentially Hazardous Foods (raw or cooked foods, meat, fish, dairy, vegetables, etc.)  \_\_\_ Refrigerated storage of perishable foods (raw fruits and vegetables, etc.)  \_\_\_ Storage of non-hazardous foods, utensils and equipment  \_\_\_ 3-compatment sink for washing, rinsing and sanitizing of food contact surfaces  \_\_\_ Trash and garbage disposal  \_\_\_ Waste water disposal  \_\_\_ Grease and oil disposal  \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |
| --- |
| \_\_\_Packaged Food \_\_\_Water Supply \_\_\_Prepared Hot Foods \_\_\_Raw Fruits and Vegetables  \_\_\_Beverages \_\_\_Ice for consumption \_\_\_ Prepared Cold Foods \_\_\_Raw meats/seafood  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The mobile operator reports to my facility (Check all that apply):**

|  |
| --- |
| \_\_\_ Beginning of the day \_\_\_ End of the day Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday \_\_\_Saturday \_\_\_Sunday |

\*\*\*Attachments to be submitted with Application

|  |
| --- |
| \_\_\_ Copy of current Food Managers Certificate  \_\_\_ Copy of current Food Handlers Certificate  \_\_\_ Water testing records (Private wells only)  \_\_\_ Copy of current Commissary/Servicing area agreement (If Part 2 is not filled out)  \_\_\_ Copy of last inspection report from Commissary/Servicing Area (If not inspected by this HD) |

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.

AND

In consideration of such license, applicant agrees to comply at all times with the statutes, ordinances, rules & regulations of NJ Department of Health and the Township of Teaneck. Applicant further agrees to permit the representative of the Teaneck Health Dept., to collect for examination any food or product intended for human consumption, on the premises. Applicant further agrees immediately to advise the Teaneck Health Dept., of any contemplated change that pertains to the information on this application. License, if granted, is upon express condition of forfeiture or revocation of license, if the license, his agent or servant shall violate the agreements set forth herein.

Signature of Commissary/Servicing area Owner/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Mobile Food Vendor Owner/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**--------------------------------------------------------------------------------------------------------------------**

**ALL LICENSE EXPIRE DECEMBER 31st - AND ARE NOT TRANSFERABLE**

**LATE FEE\*\* FEE DOUBLES FEBRUARY 1st - TRIPLES MARCH 1st** *(FOR EXISTING OWNERS)*

**LICENSE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF ISSUE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_