

Green Sergeant's Bridge  
New Jersey's Only Remaining Covered Bridge

# Delaware Township

Hunterdon County, New Jersey

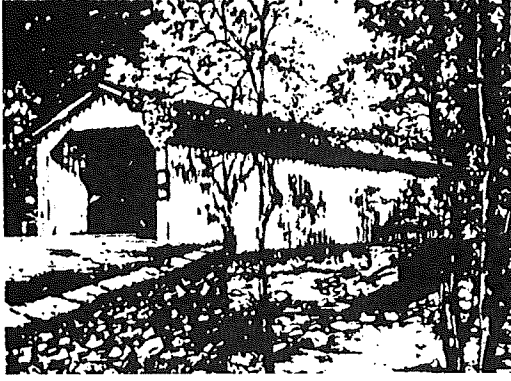
[www.DelawareTwpNJ.org](http://www.DelawareTwpNJ.org)

OFFICE OF BOARD OF HEALTH

PO BOX 500  
TOWNSHIP HALL  
SERGEANTSVILLE, NJ 08557  
(609) 397-3240, Ext. 202  
Direct FAX Number (609) 397-4893

## MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION CHECKLIST

- \_\_\_\_\_ Completed application from Delaware Township Board of Health
- \_\_\_\_\_ Check for \$235 made out to Delaware Township
- \_\_\_\_\_ Plan drawing of proposed "Temporary" kitchen set-up that will be followed each time
- \_\_\_\_\_ A representation of the menu(s) that will be served
- \_\_\_\_\_ Any Food Handling Certifications
- \_\_\_\_\_ A copy of the license issued to the restaurant in \_\_\_\_\_
- \_\_\_\_\_ A list of possible dates of operation



Green Sergeant's Bridge  
New Jersey's Only Remaining Covered Bridge

# Delaware Township

Hunterdon County, New Jersey

www.DelawareTwpNJ.org

OFFICE OF BOARD OF HEALTH

PO BOX 500  
TOWNSHIP HALL  
SERGEANTSVILLE, NJ 08557  
(609) 397-3240, Ext. 202  
Direct FAX Number (609) 397-4893

## MOBILE RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

**A \$235 FEE MADE PAYABLE TO DELAWARE TOWNSHIP MUST ACCOMPANY THIS APPLICATION**

NAME OF THE EVENT(S): \_\_\_\_\_

DATE OF EVENT(S): \_\_\_\_\_

ADDRESS OF EVENT(S): \_\_\_\_\_

TIME OF EVENT(S): \_\_\_\_\_

NAME OF EVENT COORDINATOR: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

***(The above person must be the designated person available on the day of the event to answer questions)***

NAME OF MOBILE TRUCK: \_\_\_\_\_

TIME MOBILE TRUCK WILL BE READY FOR INSPECTION: \_\_\_\_\_

NAME OF MOBILE TRUCK OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NUMBER OF MOBILE TRUCKS AT EVENT: \_\_\_\_\_

1. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT? *(Storage facility MUST be a licensed facility. Items may not be stored in a private home. NO foods may be prepared in a private home)*

NAME OF STORAGE FACILITY: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. HOW WILL YOU KEEP FOOD COLD (41 DEGREES FARENHEIT) ON SITE? (Examples: Food requiring refrigeration includes raw and previously cooked meats; poultry, fish, vegetables, salads, eggs, and dairy products.)

\_\_\_\_\_

3. HOW WILL YOU KEEP FOOD HOT (135 DEGREES FARENHEIT) ON SITE? (Examples: cooked, ready-to-serve meats, poultry, seafood, tofu, cooked onions and peppers, potatoes, beans, falafel, chili, bar-b-que, veggie burgers)

\_\_\_\_\_

4. HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY-TO-EAT FOODS? \_\_\_\_\_

\_\_\_\_\_

5. DESCRIBE THE HANDWASHING FACILITIES AT YOUR TRUCK: \_\_\_\_\_

\_\_\_\_\_

6. DESCRIBE THE WAREWASHING FACILITIES AT YOUR TRUCK: \_\_\_\_\_

\_\_\_\_\_

7. DESCRIBE THE METHOD OF SOLID WASTE DISPOSAL & MANDATORY RECYCLING AT YOUR TRUCK: \_\_\_\_\_

\_\_\_\_\_

8. LIST ALL FOOD AND BEVERAGE ITEMS THAT WILL BE SERVED:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. I AGREE TO ABIDE BY THE REGULATIONS TO THIS APPLICATION PER N.J.A.C. 8:24 et. Seq.

_____	_____
APPLICANTS SIGNATURE	DATE

**OFFICIAL USE ONLY**

APPROVED YES \_\_\_\_\_ NO \_\_\_\_\_

PAYMENT RECEIVED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

COPIES OF FOOD HANDLING CERTIFICATIONS \_\_\_\_\_ COPY OF RESTAURANT LICENSE \_\_\_\_\_

MOBILE RETAIL FOOD ESTABLISHMENT LICENSE NUMBER \_\_\_\_\_

## **MOBILE RETAIL FOOD ESTABLISHMENT GUIDELINES**

A “mobile retail food establishment” is any moveable restaurant, truck, van, trailer, cart, bicycle, watercraft, or other transportable unit including hand carried, portable containers in or upon which food or beverage is prepared, stored, transported, offered for retail sale, or given away at temporary venues.

### **STEPS TO OPENING A MOBILE RETAIL FOOD ESTABLISHMENT**

\_\_\_\_\_ Contact the zoning inspector for the municipality where you want to create your operation to determine if an ordinance exists allowing a mobile retail food establishment.

\_\_\_\_\_ Contact the board of health for licensing requirements and fees for the municipality you wish to operate in.

\_\_\_\_\_ Contact N.J. Department of Transportation (DOT) to determine if the location you propose for your mobile retail food establishment will be approved. Specifically, if you plan to locate your operation near a major road or highway, DOT must pre-approve the site based on the type of traffic flow anticipated. Provide a copy of this approval to the County Health Department.

\_\_\_\_\_ The mobile retail food establishment must be based at and operated from a central commissary inspected by a local health authority. This information must be provided to the County Health Department

\_\_\_\_\_ All water used on the cart must be from an approved source and meet the requirements of the New Jersey Safe Drinking Water Act. This information must be provided to the County Health Department

\_\_\_\_\_ All wastewater from the cart must be disposed in an approved location. Wastewater generated by your mobile retail food establishment must never be discharged directly on the ground. The name of the approved location must be provided to the County Health Department

\_\_\_\_\_ Ingredients used or sold from your mobile retail food establishment must be wholesome and purchased from an approved source. The name of the approved source(s) must be provided to the County Health Department

\_\_\_\_\_ All solid wastes generated by a mobile retail food establishment must be disposed at a location approved for solid waste.

\_\_\_\_\_ Your mobile retail food establishment must be constructed using NSF certified equipment and meet all requirements of N.J.A.C. 8:24, Chapter 24 “Sanitation in Retail Food Establishments and Food and

**Beverage Vending Machines.” Your design must enable good personal hygiene, protect food and equipment from contamination, and provide hot and cold holding (if required) and support safe food handling.**

**\_\_\_\_\_ To obtain a license to operate, your mobile retail food establishment must first be rated SATISFACTORY following a Risk Based Inspection conducted by the County Health Department. The SATISFACTORY placard must be on display at all times while operating at the approved location.**

**\_\_\_\_\_ You must display your valid mobile food establishment license on the mobile unit at all times while operating at the approved location.**

**\_\_\_\_\_ You must have a written agreement with property owner(s) authorizing your mobile retail food establishment to park at approved location. Provide a copy of the agreement to the County Health Department and the municipality you are operating in.**



Hunterdon County  
Department of Public Safety  
Division of Public Health Services

---

[www.co.hunterdon.nj.us/health.htm](http://www.co.hunterdon.nj.us/health.htm)

## **SHORT EASY REMINDERS FOR HEALTHY FOOD SERVICE**

**WASH YOUR HANDS/FINGERNAILS:** Thoroughly wash your hands with warm water and soap before beginning any food preparation activity, after visiting the restroom, after each break, after smoking, sneezing or coughing, handling raw foods, garbage or other activity that soils your hands. Wash for 20 seconds which should include 10 seconds of vigorous lathering. Clean and wash under fingernails, rinse and dry.

**KEEP COLD FOODS BELOW 41°:** Check refrigeration temperatures regularly and store all foods that require temperature control for safety in refrigerated storage.

**KEEP HOT FOODS ABOVE 135°:** Check temperatures of foods in steam tables and hot display units regularly.

**DO NOT WORK IF YOU ARE ILL:** Report illness to your supervisor and stay away from food handling activities.

**PREVENT BARE HAND CONTACT WITH READY TO EAT FOODS:** Use utensils or single use gloves, service paper or other approved barriers when handling ready to eat foods.

**NO SMOKING:** Absolutely, no smoking in work areas. Wash your hands after smoking, before returning to work.

**USE POTABLE WATER:** Potable water shall be provided for hand washing and cleaning purposes. Potable water must be from an approved source and stored in an appropriate container. The container must have a spigot for the dispensing of water. There must be a 5 gallon waste water collector. Soap dispensers, individual disposal towels and a sign to remind food employees to wash hands must also be provided.

**WEAR CLEAN CLOTHING:** Wear clean uniforms including aprons, hats and other garments. Always store coats and other personal belongings away from food preparation areas.

**WEAR HAIR COVERINGS:** Hair coverings and restraints for hair must be used to prevent possible contamination of foods and utensils.

**CLEAN ALL WORK AREAS:** Remember "if you have time to lean, you have time to clean!"

**Following these guidelines will protect public health and promote safe food handling!!!!**

Reminders for Health Food Service (01/17/14)

---

Physical Address: 314 State Route 12, County Complex, Bldg. #1, 2<sup>nd</sup> Floor  
Mailing Address: P O Box 2900, Flemington, NJ 08822  
Tel (908) 788-1351 Fax (908) 782-7510