



Township of West Milford

Department of Health

SERVICING AREA VERIFICATION FORM

1480 Union Valley Road, West Milford, NJ 07480-1303
(973) 728-2720 Fax: (973) 728-2847
Health@westmilford.org

TEMPORARY or MOBILE UNIT NAME: _____ DATE: _____

TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

SERVICING AREA BUSINESS INFORMATION

Trading Name of Servicing Area: _____

Owner/Corporate Name: _____ Last Inspection Date: _____

Address: _____ 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 and/or Seafood
- Other: _____

I PROVIDE THE FOLLOWING SERVICES FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

- Space for the mobile vendor/operator to prepare food at my servicing location
- Space for the 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 & equipment
- 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
- Trash and garbage disposal
- Waste water disposal
- Grease/oil disposal

THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):

- Beginning of the day - Time: _____ End of the day - Time: _____ Other - Time: _____
- Monday Tuesday Wednesday Thursday Friday Saturday 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: _____

Mobile Owner/Operator (signature): _____