



Township of West Milford

Department of Health
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MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

July 1, 20__ To June 30, 20__ Licensing Period

Trade Name: _____

West Milford Township Peddler License # _____

Owner Name: _____ Tel# _____

Mailing Address: _____

Contact Person: _____ Cell phone# _____

Email Address: _____ Fax# _____

Days & Hours of Operation: _____

Type of Mobile Unit: _____

Servicing Area Address: _____

N.J.A.C. 8:24-1.5 "Servicing area" means an operating base location to which a mobile retail food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

N.J.A.C. 8:24-6.2(s) "A private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters may not be used for conducting retail food establishment operations."

Describe what operations are performed at the servicing area: _____

Provide a copy of the current Retail Food Establishment License and inspection report and the attached owner verification form for servicing area.

List the foods that will be sold and how they will be prepared: As per N.J.A.C. 8:24-3.2(a) 2: Food prepared in a private home shall not be used or offered for human consumption in a retail food establishment.

Item: _____ Prep. Method: _____

What equipment will be used to maintain food at temperatures of 41 degrees F. or below?

What equipment will be used to cook and reheat food?

What equipment will be used to maintain food temperatures at 135 degrees F. or above?

Source of ice: _____

Source of water supply: As specified by N.J.A.C. 8:24-5.1(k)

___ Containers of commercially bottled drinking water;

___ One or more closed portable water containers; *

___ An enclosed vehicular water tank; *

___ An on-premises water storage tank; or *

___ Piping, tubing, or hoses connected to an adjacent approved source. *

* What is the location of the water filling station? _____

Are handwashing facilities provided?: _____ Per N.J.A.C. 8:24-6.7(e) A handwashing sink shall be equipped to provide water at a temperature range of between 90 degrees F and 110 degrees F through a mixing valve or combination faucet.

What is the potable water storage tank capacity? _____

What is the waste water storage tank capacity? _____

What is the location of the waste water disposal station? _____

Attach a drawing of the mobile unit that describes all food service equipment.

LICENSE FEES: Please mark the category that best describes the nature of your business (Per N.J.A.C. 8:24-1.5) and submit appropriate fee.

_____ Pre-packaged foods only: \$40.00 license fee.

_____ **“Risk Type 1 Food Establishment** means any retail food establishment that:

1. Prepares only non-potentially hazardous foods; or
2. Heats only commercially processed, potentially hazardous foods for hot holding and does not cool potentially hazardous foods. Such retail establishments may include, but are not limited to, convenience store operations, hot dog carts, and coffee shops”.

\$105.00 license fee.

_____ **“Risk Type 2 Food Establishment** means any retail food establishment that has a limited menu; and

1. Prepares, cooks, and serves most products immediately.
2. Exercises hot and cold holding of potentially hazardous foods after preparation or cooking; or
3. Limits the complex preparation of potentially hazardous foods, including the cooking, cooling, and reheating for hot holding, to two or fewer items. Such retail establishments may include, but are not limited to, retail food store operations, schools that do not serve a highly susceptible population, and quick service operations, depending on the menu and preparation procedures.” **\$160.00 license fee.**

Make check payable to: WEST MILFORD TOWNSHIP

As per the Code of the Township of West Milford Chapter 163-2: *It shall be unlawful for any person to conduct a retail food establishment without complying with all the provisions of the retail food establishment provisions of the State Sanitary Code as set forth in N.J.A.C. 8:24-1.1 et seq.*

Date: _____

Signature of Owner

For Health Department Use Only:

Approved: _____ License No. _____ Denied: _____ Date: _____

Comments: _____

Administrative Authority Signature: _____

Name/Title: _____