



Township of West Milford

Department of Health

1480 Union Valley Road, West Milford, NJ 07480-1303

(973) 728-2720 Fax: (973) 728-2847

Health@westmilford.org

MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

July 1, 2024 To June 30, 2025 Annual Licensing Period \$200.00 Fee

Trade Name: _____

Owner Name: _____ Phone# _____

Mailing Address: _____

Contact Person: _____ Phone# _____

Email Address: _____

Address of Fixed Location of Operation: _____

Days & Hours of Operation: _____

Type of Mobile Unit: _____

If vehicle, Make: _____ Model: _____ License Plate #: _____

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 provided 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: _____

Item: _____ Prep. Method: _____

Item: _____ Prep. Method: _____

Item: _____ Prep. Method: _____

Item: _____ Prep. Method: _____

Item: _____ Prep. Method: _____

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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.

ANNUAL FEE \$200.00 Make check payable to: TOWNSHIP OF WEST MILFORD

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: _____