Monmouth County Mobile Food Task Force Cover letter

Dear Mobile Food Vendor:

The Health Departments within the County of Monmouth have formed the Monmouth County Mobile Food Task Force. The participating health departments in the task force are -

- Colts Neck Health Department
- Freehold Township Health Department
- Long Branch Health Department
- Manalapan Township Health Department
- Middletown Township Health Department
- Monmouth County Health Department &
- Monmouth Regional Health Commission #1

The mission of the task force is to create one universal application process for mobile and temporary event food vendors who serve food at the various festivals and fairs throughout Monmouth County during the year. The advantages of creating a universal application which all health department's within Monmouth County recognize are-

- Once you have been approved through the MC Task force approval process, your approval will be recognized in any jurisdiction throughout Monmouth County for that calendar year, (Approvals must be renewed starting January 1 of each calendar year.)
- Since you only have to go through the approval process once in Monmouth County on an annual basis, you will save time and money.
- There will be less paperwork to fill out if you attend numerous events throughout Monmouth County annually.

Please be advised that your mobile vending operation is still subject to inspection at each event you attend throughout Monmouth County and the fees associated with inspection. Please review the attached packet of information carefully and contact the local health department where you typically get inspected with questions. The list of health departments and their contact information is attached for your convenience.

As of January 1, 2016, the task force is implementing the new review and approval process. We ask that you be proactive and become familiar with the new application as the information contained will be required during the application review process and prior to receiving your food vending license for 2016.

The member health department's thank you for your assistance and cooperation and we look forward to instituting this new initiative as a proactive approach to streamlining the mobile and temporary event application approval process throughout all of Monmouth County.

Monmouth County Task Force participating Health Departments Contact Information

Colts Neck Health Department

Town Hall, Upper Floor
124 Cedar Drive
Colts Neck, NJ 07722
Ph: 732-462-5470 x 109
Fax: 732-431-3173

Freehold Township Health Department

One Municipal Plaza

Freehold, NJ 07728

Ph: (732) 294-2000

Long Branch Health Department
Municipal Building
344 Broadway
Long Branch, NJ 07740
Ph: (732) 571-5665

Manalapan Township Health Department

Manalapan Town Hall
120 Route 522 & Taylors Mills Road, Manalapan, NJ 07726

Ph: (732) 446-8345
Fax: (732) 446-1576

Middletown Township Health Department

180 Main Street

Port Monmouth, NJ 07758

Ph: (732)-615-2095

Monmouth County Department of Health

3435 Route 9

Freehold, NJ 07728

Ph: (732)-431-7456

Fax: (732)-409-7579

Monmouth Regional Health Commission #1

1540 W Park Ave

Ocean Township, NJ 07712

Ph: (732)-493-9520

Fax: (732)-493-9521

INSTRUCTIONS FOR APPLICATION COMPLETION

Mobile Retail Food Establishments

January 2013

If you *serve* food to the public, you are required by state law to have an approval from the local health department **prior** to operating. It does not matter if the food is sold or given away, you ***must*** have an approval.

A **Mobile food establishment** is any movable restaurant, truck, van, trailer, cart, bicycle, watercraft, or other movable unit including hand carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations. A *temporary* food establishment operates for no more than 14 consecutive days in conjunction with a single event or celebration. A *seasonal* food establishment operates during specific months of the year, usually weather related, as designated by the operator on the application. An *annual* food establishment operates on a routine schedule year round. Fees for food application and inspection are dependent upon what county your business is located. Contact your local health department for more information.

PAGE 1, PART 1: TO BE COMPLETED BY FOOD VENDOR

Mobile Vendor Business Information

Trading Name: Write the trade name that identifies the mobile facility.

Owner/Corporation Information: Provide *Name, Street location, Mailing Address, Home/Cell/Fax Numbers, Email* for the responsible individual of the mobile retail food business. Indicate the *Contact person*, the person who is most knowledgeable about food operations, their *Phone/Cell Numbers and Email.*

Type of Mobile Unit

Provide this basic information about the general type of mobile unit you have such as a vehicle, cart, tabletop/tent, etc

Sanitation/Personal Hygiene & Other Equipment: Using the chart, check ALL the equipment necessary to prevent food contamination that is part of your mobile unit for *sanitation, personal hygiene* and *other equipment*. You may write in items that are utilized but not listed in these sections. Ensure that you have all the necessary equipment to store clean water, dispose of wastewater, provide running water, properly clean hands and surfaces often, prohibit staff from touching foods with their bare hands that don't require additional cooking (Ready-to-Eat food), protect foods in storage, separate raw meats and eggs while being stored and thermometers to monitor temperatures of food and units.

Mobile Food Unit Operation Schedule

List ALL physical *vending locations/event information and the months/days/times* you intend to serve food. Provide *Names of Events, Days/Times* operating at event & *Event Contact Person Nome/Phone#/Email.* You must ensure that the application is as complete as possible. The more information you supply on the application, the better. However, if you want to add a location, event or make any other changes to your initial application, contact the local health department in the area of the vending location to obtain and complete an *amendment form* for the changes or added information. Any changes in your operation must be reported to the health department immediately. Also remember that each *municipality* within each county has separate and unique requirements; vending permits may also be required.

PAGE 2, PART 1: TO BE COMPLETED BY FOOD VENDOR

Description of Food Operation (including MENU-FOOD SOURCE-EQUIPMENT-PREPARATION-HANDLING-STORAGE):

List ALL food & drink that you plan to serve. If you need additional forms, make copies or contact the health department for additional forms. Once the food items are listed, fill-in ALL boxes across the grid row for that food item such as listed raw animal or plant ingredients, where the item was purchased and prepared, how the item is cooked, cooled, held hot, reheated and/or held cold. Include an English translation when necessary; please notify the local health department if you need help with translations. *FOOD CANNOT BE PREPARED FROM HOME!!!! It is important to have receipts onsite for all food items that you buy. Also, monitor food temperatures and storage units at all times using thermometers!!!! Ensure that you cook potentially hazardous food (containing raw animal or plant ingredients) to proper temperature (PHF is food that requires temperature control because it can grow bacteria, toxin and other microorganisms (germs) that cause illness), maintain foods at refrigerated temperatures of 41F or below or keep foods hot at 135F or above and separate raw meats and eggs from while being stored so you don't cross contamination.

PAGE 3, PART 2: TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

In order to obtain a mobile food approval, the mobile facility must operate from an approved fixed food establishment referred to as a *servicing area*. Mobile facilities must have an agreement with approved servicing area with a current health department approval. A home kitchen is NOT an approved servicing area.

Servicing area business information: Provide the *Trade Name* that identifies the servicing area, the *Sale Tax ID#* (see bottom of pg for more information on sales tax), *Owner/Corporate Name* and *Physical Address and Fax#*. Provide the last inspection date conducted by the local health department. A copy of the most current inspection report is required if the servicing area is NOT inspected by the local health department where mobile application is being made.

I provide what foods for the mobile unit: Check all boxes that pertain to the foods *your business provides* to the vendor.

I provide what services for the mobile unit: Include all the ways and in what capacity your facility accommodates the mobile vendor's operation by checking all boxes that apply. Is the mobile vendor preparing food at your facility? Storing food (dry goods, grocery, cold foods in refrigerator)? Storing utensils & equipment? Returning to your facility to use the 3 compartment sink for wash/rinse/sanitizing food contact surfaces of equipment and utensils? Disposing of trash, wastewater or grease? Park their mobile unit at your facility? Plug their mobile unit into electric at your facility?

What days and times does the mobile vendor report to my facility : You have indicated in the last 2 sections how the mobile vendor will be utilizing your facility. In this section, you must indicate the days and times of the week when the vendor has access to your facility. In making these arrangements, consider when the mobile vendor can come into your facility without interrupting your retail food operations for your business. Consider the vendors food & equipment storage needs, food prep time, and cleaning/sanitizing needs both during and at the end of their proposed workday.

Certification/signature: Read this section carefully and sign that you understand your role in the mobile food operations and have provided correct information. The agreement between the mobile vendor & servicing area is part of the application approval and grants approval for specific days, times & location of food operations at the servicing area and vending locations. Both parties have the obligation to notify the health department when servicing area, vending locations, set-up, menu, staff or any other changes are made from the approved application.

PAGE 4, TOP SECTION: REQUIRED ATTACHMENTS (BOTTOM SECTION: HEALTH DEPT/OFFICIAL USE ONLY)

NJ Certificate of Authority (Sales Tax Registration) NJ law requires anyone including all vendors, even seasonal businesses and "one-time" vendors, who makes retail sales and therefore conducts business in NJ to register with the State for tax purposes at least 15 business days before starting business and to collect NJ sales tax on all sales of taxable tangible personal property or services. There are no special provisions for temporary vendors. Once registered, you must file all required returns until you properly end your tax registration with NJ. To obtain a NJ Sales Tax ID#, you can register online or file a paper application. File Form NJ-REG (Business Registration Application) to register with the State *and* to obtain a NJ Tax ID #. For additional information on registering your business contact the NJ Dept of Taxation at 609-292-6400, email nj.taxation@treas.state.nj.us or visit www.state.nj.us/treasury/revenue/gettingregistered.shtml Publications: http://www.state.nj.us/treasury/taxation/publsut.shtml

Driver's License and Vehicle Registration: Copies required for ALL operators of the mobile unit, regardless of what type of unit. This information is required in compliance with NJ Division of Motor Vehicle (NJDMV). The Vehicle Identification Number (VIN) that is inscribed on the vehicle must match the number located on the vehicle registration card.

Floor Plan: Sketch/layout/photo diagram of your operation. Draw/print/photo of the arrangement of all equipment &food preparation areas. Include restroom.

Water Testing Records: NJ state certified laboratory results for water utilized for food operations.

Food Protection Managers Certification: If you are classified as a Risk Type 3 food facility, one that prepares and serves Potentially Hazardous Foods (raw animal/plant products), serves a susceptible population *or* has a large menu which requires the complex preparation including cooking, cooling & reheating of 3 or more potentially hazardous foods, you must have at least one person in charge (PIC) of the facility operations to be certified as a Food Manager (CFM).

Employee Health & Hygiene Written Policy: Provide a copy of instructions prepared for employees for: proper hand washing procedures; duty reassignments or work restrictions of sick employee; designated smoking areas, prohibitions and/or procedures for returning from a smoke breaks; required work attire including things such as clean clothing or uniforms, aprons, hair nets, hats, etc and other applicable prohibitions or restrictions for things including jewelry, artificial nails, and nail polish.

Servicing Area's Last Inspection Report: Provide a copy of the last inspection report for the servicing area. This must be the full report, not just the placard. IF the servicing area is inspected by the same health department to which you are submitting the mobile food establishment application, no report is necessary.

City of Long Branch Department of Health
344 Broadway . Long Branch, NJ 07740
(732) 571-5665 . www.visitlongbranch.com

Date Received: _____

Application must be submitted at least 14 days prior to proposed operation.

MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

☐ SEASONAL ☐ ANNUAL ☐ TEMPORARY

PART 1 TO BE COMPLETED BY FOOD VENDOR

MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor: _____
Owner/Corporation: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: (if different)
_____
Home Phone#: _____ Cell#: _____ Fax#: _____
Email: _____

Contact Person: _____ Phone#: _____ Cell#: _____

TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)

☐ Push Cart ☐ Tabletop/Tent ☐ Food Preparation Vehicle ☐ Trailer ☐ Refrigerated Vehicle ☐ Other: _____

Sanitation/Personal Hygiene	Other Equipment
☐Hot/cold Running Water	☐Trash Container
☐Freshwater Container _____ gals	☐Sneeze Guards
☐Wastewater Container _____ gals	☐Extra Utensils
☐Hand Sink w Warm Running Water	☐Covered Containers
☐Insulated Container w Free Flow Spout	☐Foil, Plastic Wrap
☐3 Compartment Sink w hot/cold running water	☐Thermometers
☐Buckets/Spray Bottles w/Sanitizer	☐Sanitizer/test kit
☐Gloves ☐Paper Towels ☐Soap	☐_____

MOBILE FOOD UNIT OPERATION SCHEDULE (CHECK/LIST ALL THAT APPLY)

Where will you serve food: _____
_____
Months: ☐ Events Only (see below)☐ Every Month of Yr ☐ Selected Months (circle): J-F-M-A-M-J-J-A-S-O-N-D
Days: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday
Times of Operation: M_____Tu_____W_____Th_____F_____Sa_____Su_____

If Temporary/Special Event(s):
Name of Event(s): _____
_____
Days & Times at the Event: _____
Event Contact Person: _____
Email: _____ Phone#: _____

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DESCRIPTION of FOOD OPERATIONS:MENU ITEMS-SOURCE-PREP-HANDLING-STORAGE-EQUIPMT
NO HOME PREPARED FOODS ALLOWED EXCEPT FOR BAKED GOODS PREPARED FOR CHARITABLE ORGANIZATIONS ONLY (WITH PLACARD); RECEIPTS MUST BE KEPT ONSITE FOR ALL FOOD ITEMS.

List **EVERY** Food & Drink & how many servings of each item	IF this item is PREPARED using **RAW** ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE,PHONE # &ADDRESS	Prepared at Vending site (V) or Servicing Area (SA)?	Cooked at Vending site (V) or Servicing Area (SA)?	How do you **COOK** this food item? List EQUIPMENT USED & POWER SOURCE	How do you quickly cool the food item? List **COOLING** EQUIPMENT USED & POWER SOURCE	How do you keep the food item hot? List **HOT HOLDING** EQUIPMENT USED & POWER SOURCE (No Sternos)	If reheating item for hot holding, List **REHEATING** EQUIPMENT USED & POWER SOURCE	How do you keep the food item cold? List **COLD HOLDING** EQUIPMENT USED & POWER SOURCE
Example: Chicken Tenders,50	*Raw Chicken*	*XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ*	*SA*	*SA*	*Oven, Natural Gas*	*Walk-in Refrigerator, Electric*	*N/A*	*N/A*	*Refrigerator, Electric*

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MOBILE UNIT NAME _____ DATE: _____

PART 2 TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

SERVICING AREA BUSINESS INFORMATION

Trading Name of Servicing Area_____ Sales Tax ID# _____
Owner/Corporate Name _____
Address: _____
Last Inspection Date_____ Fax #_____

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) _____

City of Long Branch Department of Health

344 Broadway . Long Branch, NJ 07740

(732) 571-5665 . www.visitlongbranch.com

MOBILE UNIT NAME _____ DATE: _____

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

- ☐Copy of ***New Jersey Certificate of Authority*** for mobile vendor/company (sales tax document)
- ☐Copy of ***Driver's License*** (for all mobiles regardless of type of unit)
- ☐Copy of ***Vehicle Registration*** (for all mobiles regardless of type of unit)
- ☐***Floor Plan***: sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- ☐***Water Testing Records*** (private wells only)
- ☐Copy of ***Food Protection Managers Certification***, if required
- ☐***Employee Health & Hygiene Written Policy***-include instructions for hand washing, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
- ☐Copy of **Servicing Area's Last Inspection Report** if NOT inspected by the THIS Health Dept.

BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED: DATE: _____ **EXPIRATION DATE:** _____

Classified Risk Type: ☐Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)

Approval Restrictions:

_____

_____

_____

Inspector: _____ Approval Effective Date: _____

DISAPPROVED: DATE: _____

Classified Risk Type: ☐Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)

Reasons for disapproval:

_____

_____

_____

Inspector: _____

Mobile Retail Food: Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self contained mobile unit inspections are conducted at your servicing area and at the vending location. **Application approvals [excluding temporary establishments (see below)] expire December 31st each year. A new application must be submitted and approved annually at least 14 days prior to operation.**

Temporary Event Retail Food Establishment: A mobile retail food establishment that operates for a period of **no more than 14 consecutive days** in conjunction with a single event or celebration. **This application must be submitted and approved at least 14 days prior to the event. An on-site inspection at the event is preformed one hour prior to the start of the event. Approvals expire in 14 days or at the end of the event. Application amendments may be submitted for future events within the same calendar year.**

***Special Event Permit $50.00**

Mobile License $100.00

Mobile Food License..... $50.00

Mobile Employee ..... $25.00 *** required for all applications**