



PRINCETON HEALTH DEPARTMENT

MOBILE FOOD VENDOR APPLICATION



OWNER'S NAME _____ ADDRESS _____

CITY/STATE/ZIP: _____ Vehicle Lic. Plate: _____

Trade Name of Unit & Unit Address: _____ Insurance Co. & Policy No.: _____

Telephone(s) () _____ () _____ Zip Code: _____

List names of other Health Departments by which your unit is licensed, both this year and last year: _____

Have you ever been denied licensure for a mobile food unit in this or any other town: Yes _____ No _____

Proposed daily operating hours: _____

Operating location of unit (name of Street, Highway or Shopping Center): _____

Types of food and beverages to be served: _____

Method of maintaining cold foods at 41 degrees F or below and maintaining hot foods at 135 degrees F for above: _____

How and where food products are prepared, processed and packaged: _____

Describe general construction of unit. Is it constructed of stainless steel? _____

List any other pertinent information: _____

PROOF OF ALL REQUESTED DOCUMENTATION MUST BE SUBMITTED PRIOR TO APPROVAL. PRIOR TO ISSUANCE OF A LICENSE TO OPERATE, AN INSPECTION OF THIS MOBILE UNIT BY A REPRESENTATIVE OF THIS DEPARTMENT MUST BE CONDUCTED. COMPLIANCE WITH THE PROVISIONS OF CHAPTER 24 OF THE NEW JERSEY STATE SANITARY CODE AND ALL PERTINENT LOCAL ORDINANCES IS ESSENTIAL. PRIOR TO OPERATING IN PRINCETON; YOU MUST APPLY FOR A PEDDLERS LICENSE AT THE CLERK'S OFFICE. AS 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 IS REQUIRED (PRIVATE RESIDENTS PROHIBITED).

Methods to protect food while on display and during transport: (Types of covering, sneeze guards, cabinets, etc.) _____

Handwashing method: (Circle all that apply) Handwash sink Handwash Station (Explain set up: _____

Method of washing/rinsing/sanitizing utensils and equipment: _____

Waste/Trash disposal methods (Solids): _____ Liquids: _____

Status of Inspection: _____ **FEE: \$120.00**

Mobile Unit Owner's Signature _____ Date _____

Inspector's Signature _____ Date of Inspection _____