



Princeton Health Department
One Monument Drive
Princeton, NJ 08540
Phone: (609) 497-7608 Fax: 609-924-7627

Office Use Only

Date Rec'd _____ Insp _____

Approved _____ Disapproved _____

Date: _____ Insp Initials: _____

APPLICATION FOR MOBILE / TEMPORARY FOOD SERVICE FACILITY

(HOME PREPARATION & STORAGE OF FOOD IS PROHIBITED)

ATTACH DRAWING WITH FACILITY LAYOUT, IDENTIFICATION AND PLACEMENT OF EQUIPMENT ITEMS (PG 3)

TYPE OF FACILITY: MOBILE TEMPORARY

FACILITY TRADE NAME: _____ TAX ID # _____ LIC PLATE# _____

MAILING ADDRESS: _____

PHONE: _____ CELL PHONE #: _____ E MAIL: _____

NAME OF TEMP ORARY EVENT: _____ LOCATION: _____ DATE: _____ TIME: _____

TEMPORARY EVENT VENDORS SHALL SUBMIT APPLICATIONS NO LATER THAN 10 DAYS PRIOR TO THE EVENT

NAME OF SERVICING AREA FACILITY / BASE OF OPERATIONS*: _____

ADDRESS: _____ PHONE: _____

Food units shall operate from a commercial catering establishment, restaurant, or other approved facility in which food or supplies are prepared, kept, handled, packaged, and/or stored.

(Private Residences Prohibited)

*** (Attach Completed Servicing Area/Base of Operations Certification Form for Mobile/Temp Food Vendors)* (Pg 2)**

FOOD PREPARATION & MENU INFORMATION –List all menu items & volume of food, Explain cooking and cooling procedures for food prepared in advance (attach sheet if necessary) _____

ONSITE: (list & describe how food is prepared onsite): Note: Limited onsite operations only- prior approval required: _____

PRE-PACKAGED: _____ COMMERCIALY PREPARED: List Supplier info: _____

METHODS TO MAINTAIN PROPER FOOD TEMPERATURES: (Use Stem Type Indicating Thermometers to Monitor Temps)

HOT: _____ COLD: _____

(ASK ABOUT STERNO USE) _____

METHODS TO PROTECT FOOD WHILE ON DISPLAY AND DURING TRANSPORT: (Types of covering, sneeze guards, cabinets etc.) _____

HANDWASHING METHOD: Handwash Sink Handwash Station (Explain set up): _____

METHOD OF WASHING/ RINSING/ SANITIZING UTENSILS AND EQUIPMENT: _____

WASTE/TRASH DISPOSAL METHODS: SOLIDS: _____ LIQUIDS: _____

APPLICANT NAME (Print) _____ **SIGNATURE:** _____ **DATE:** _____



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SERVICING AREA / BASE OF OPERATIONS CERTIFICATION FORM
FOR MOBILE/TEMPORARY FOOD VENDORS

Food Units shall operate from a commercial catering establishment, restaurant, or other approved facility in which food and supplies are prepared, kept, handled, packaged, and/or stored. Also 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. (Private Residences Prohibited)

NAME OF MOBILE / TEMPORARY FOOD FACILITY: _____

THIS SECTION TO BE COMPLETED BY SERVICING AREA FACILITY OWNER/MANAGER: TAX ID #: _____

NAME OF SERVICING AREA FACILITY: _____ **ADDRESS** _____

OWNER/CORPORATE NAME _____ **DATE OF LAST HEALTH INSPECTION **** _____

MAILING ADDRESS _____

HOME PHONE NUMBER _____ **CELL PHONE:** _____ **E-MAIL:** _____

****NOTE: ATTACH A COPY OF MOST RECENT SANITARY INSPECTION REPORT IF NOT INSPECTED BY PHD ****

SERVICING AREA CLASSIFICATION: (check all that apply)

_____ **Food Source** _____ **Food Storage** _____ **Clean-up/Waste Discharge** _____ **Food Preparation**

SERVICES PROVIDED AT FACILITY: (Check all that apply)

_____ Refrigerated storage of perishable food (fruits, vegetables, shellfish, etc.)

_____ Refrigerated storage of potentially hazardous food (i.e., meats, poultry, fish, eggs, other applicable foods)

_____ Storage of non-potentially hazardous food

_____ Three-compartment sink or commercial dishwasher for washing and sanitizing multi-use equipment and utensils

_____ Food preparation area

_____ Trash disposal _____ Waste water disposal

FOOD PROVIDED AT SERVICING AREA:

_____ Prepared hot food _____ Pre-packaged food _____ Beverages _____ Raw fruits and vegetables

_____ Prepared cold food _____ Ice for consumption _____ Water (_____ Municipal Supply _____ Private Well) _____ Other
 (lab results req'd)

THE MOBILE OPERATOR REPORTS TO SERVICING AREA:

_____ Beginning of the day (Time : _____) _____ End of the day (Time : _____) Other (explain) _____

I hereby certify that the information listed above, provided to the Princeton Health Department, is accurate.

I also understand that the home preparation and storage of food is prohibited, and the cleaning of equipment or utensils used in this mobile/temporary retail food operation is not conducted in a private residence as per NJAC 8:24-3.1 and 3.2.

Violations of these rules are subject to penalties, fines and possible license forfeiture. If there are any changes in my operation or the status of my servicing area, I agree to notify the Princeton Health Department immediately.

Owner/Operator of Mobile/Temporary Unit (Print) _____ Date _____

Owner/Operator of Mobile/Temporary Unit (Signature) _____

Owner/Operator of Servicing Area Facility (Print) _____ Date _____

Owner/Operator of Servicing Area Facility (Signature) _____

MOBILE/TEMPORARY FOOD SERVICE FACILITY APPLICATION CONTINUED... DATE: _____

PROVIDE DRAWING BELOW WITH FACILITY LAYOUT, IDENTIFICATION AND PLACEMENT OF EQUIPMENT

(Handwash sinks/stations, prep tables, cooking equipment, hot and cold storage units, etc.)

NAME OF FACILITY: _____

Risk Type (e.g., Risk Number:1, 2, 3) (If Risk 3, provide copy of Food Manager Protection Cert.) _____



EXPLAIN PREPARATION METHODS BELOW FOR EACH FOOD ITEM THAT IS PREPARED IN ADVANCE, PRIOR TO THE EVENT (attach additional sheet if needed)

(LIST TIME/TEMPERATURE METHODS INCLUDING: COOKING-COOLING- REHEATING- HOT / COLD HOLDING)

FEE: \$45.00 ONE (1) day event application (No fee due for establishments that have an initial catering license on their retail food applications). **\$125.00** 2-3 Day Events — **\$225.00** 4-7 Day Events — **\$400.00** 8-10 Day Events

*Fee to be paid upon submittal of application