

COLTS NECK HEALTH DEPARTMENT

IMPORTANT INFORMATION FOR TEMPORARY MOBILE RETAIL FOOD ESTABLISHMENT VENDORS

Please read the following important information before submitting your application:

1. The ***fully completed TEMPORARY MOBILE RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION*** along with all required supporting documents must be completed and submitted to the ***Colts Neck Township Municipal Clerk*** at least 30 days prior to the event.
2. The ***TEMPORARY MOBILE RETAIL ESTABLISHMENT FLOOR PLAN DIAGRAM*** must be completed for all food trucks and free standing set-ups..
3. Food vendors with multiple locations at the same event will need to submit an application for each location.
4. Please be aware that a refund cannot be issued after a permit has been processed.

TEMPORARY MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

APPLICATION SUBMISSION DATE: _____

EVENT INFORMATION			
NAME OF EVENT:			
LOCATION:			
MUNICIPALITY:			
DATE(S) AND TIME(S) OF EVENT:			
VENDOR INFORMATION			
TRADE NAME:			
OWNER/CONTACT PERSON:			
MAILING ADDRESS:			
TELEPHONE #:		FAX #:	
CELL PHONE #:		EMAIL:	
DATE & TIME WILL BE SET UP/READY FOR INSPECTION:			
BASE OF OPERATION (Where foods/packaging materials are stored)			
NAME OF LOCATION:			
OWNER/CONTACT PERSON:			
MAILING ADDRESS:			
TELEPHONE NUMBER:			
TYPE OF TEMPORARY FACILITY (circle one)			
Mobile Food Truck	Freestanding	Other, Specify:	

*******NOTE*******

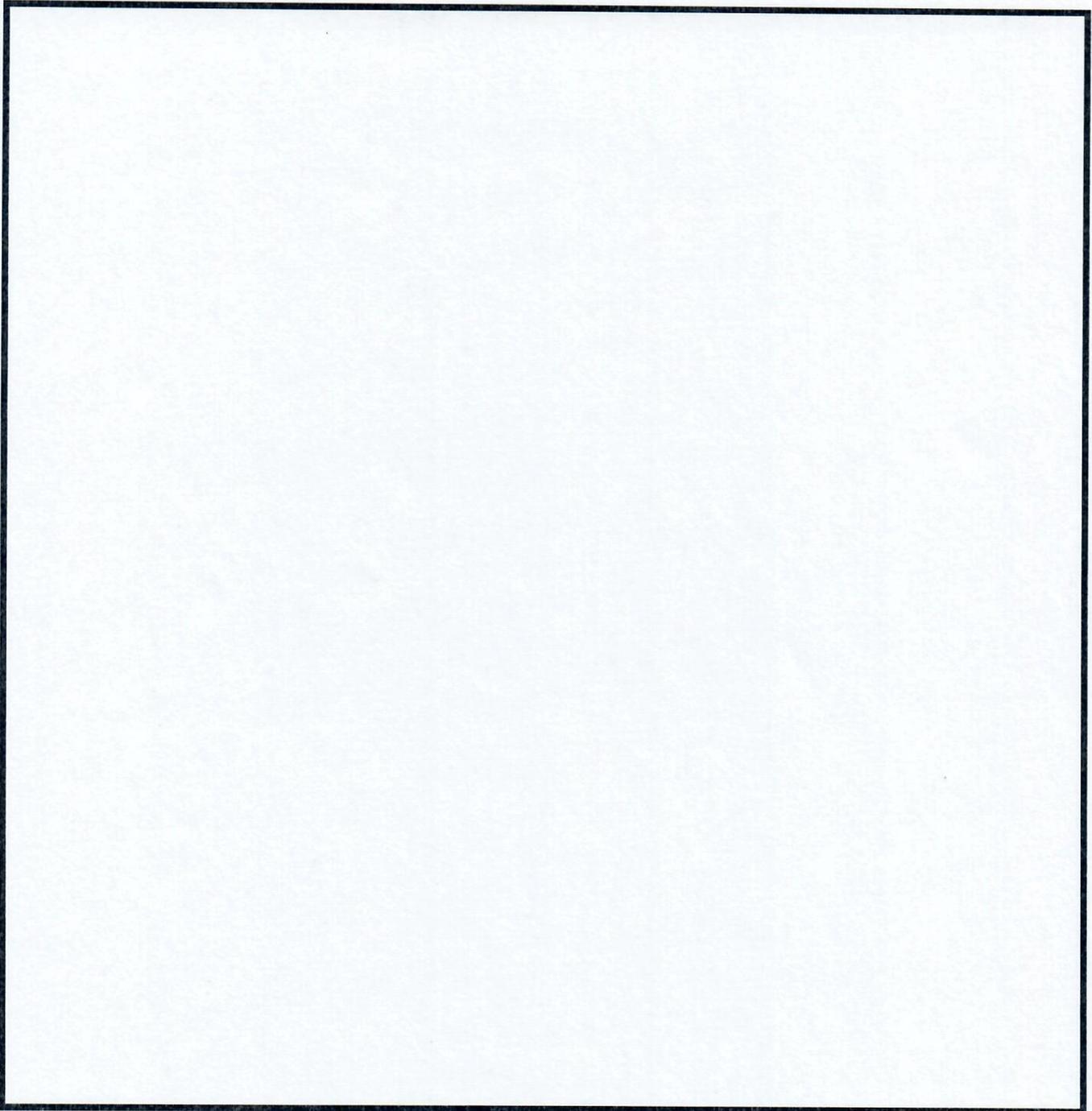
All vendors who are planning on preparing and serving at least 3 or more potentially hazardous food items **MUST** provide proof of current certification in food protection from a NJDHSS accredited and recognized certifying program. In addition, there **MUST** be at least one person-in-charge present and available at the site during all hours of operation.

If this is applicable to your operation, you must provide a copy of your certification and complete the following:

NAME OF FOOD SAFETY MANAGER:			
CERTIFYING AGENCY:			
CERTIFICATION NO.:		DATE CERTIFIED:	

TEMPORARY MOBILE RETAIL FOOD ESTABLISHMENT FLOOR PLAN DIAGRAM

Please show and label all equipment to be used, such as handwash station, cold and hot holding equipment, cooking and reheating equipment, warewashing station, tables, floor/overhead coverage, and storage area.



EQUIPMENT LIST – Identify equipment used in your temporary food establishment. Check all boxes that apply.

<p align="center">HANDWASH STATION (Required for any open food)</p> <p><input type="checkbox"/> 5 gallon insulated container with continuous flow spigot & 5 gallon catch bucket</p> <p><input type="checkbox"/> Plumbed hand sink</p> <p><input type="checkbox"/> Warm water</p> <p><input type="checkbox"/> Liquid pump hand soap & paper towels</p>	<p align="center">COOKING/REHEATING EQUIPMENT</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Smoker</p> <p><input type="checkbox"/> Oven</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p align="center">COLD/HOT HOLDING EQUIPMENT</p> <p><input type="checkbox"/> Ice chest</p> <p>Source of Ice _____</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>
<p align="center">TEMPERATURE MONITORING</p> <p><input type="checkbox"/> Thin-probe stem thermometer(s)</p> <p><input type="checkbox"/> Indicating thermometer(s)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p align="center">SANITIZATION</p> <p><input type="checkbox"/> 3 compartment sink</p> <p><input type="checkbox"/> 3 portable tubs</p> <p><input type="checkbox"/> Bucket & wiping cloths</p> <p><input type="checkbox"/> Bleach & test strips</p> <p><input type="checkbox"/> Other _____</p>	<p align="center">FOOD & EQUIPMENT PROTECTION</p> <p><input type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Tarp</p> <p><input type="checkbox"/> Shelving/pallets</p> <p><input type="checkbox"/> Sneeze guard</p> <p><input type="checkbox"/> Foil/plastic wrap</p> <p><input type="checkbox"/> Other _____</p>
<p align="center">FOOD HANDLER HYGIENE</p> <p><input type="checkbox"/> Clean shirt/apron</p> <p><input type="checkbox"/> Hair restraint/baseball cap</p> <p><input type="checkbox"/> Disposable gloves</p> <p><input type="checkbox"/> Serving tongs</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p align="center">WASTE DISPOSAL</p> <p><input type="checkbox"/> Trash receptacles</p> <p><input type="checkbox"/> Wastewater receptacles</p> <p><input type="checkbox"/> Grease receptacles</p> <p><input type="checkbox"/> Other _____</p> <p>*****Wastewater & Grease must be properly disposed of. Disposing onto the surface of the ground and/or the storm drain are NOT acceptable.*****</p>	<p align="center">OTHER</p> <p><input type="checkbox"/> _____</p>

STATEMENT: I hereby certify that all information provided is correct, and I fully understand that any deviation from the information provided without prior approval from the Colts Neck Health Department may nullify final approval. I further agree to comply with all temporary retail food establishment requirements.

_____ Applicant/Owner Signature _____ Date

For Office Use Only		
<input type="checkbox"/> APPROVED	Date:	Inspector:
Restrictions: _____		
<input type="checkbox"/> NOT APPROVED	Date:	Inspector:
Reason(s): _____		