

**WARREN COUNTY HEALTH DEPARTMENT**

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Health Officer



**MOBILE FOOD ESTABLISHMENT APPLICATION**

Directions: This application must be completed to the best of your ability and submitted to the Warren County Health Department for review prior to operating a Mobile Food Establishment (MFE).

In addition, a floor plan of the MFE (Attachment A) and floor plan of the Servicing Area (Attachment C) must be provided for review.

Name of MFE \_\_\_\_\_

Name and Address printed on the MFE (for customer identification)

\_\_\_\_\_  
\_\_\_\_\_

Vehicle License Plate Number \_\_\_\_\_

Name of Owner/Operator \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Type of MFE:      Self-Sufficient Vehicle or Trailer  
(check one)      Vehicle or Trailer that is not Self-Sufficient  
                         Push Cart  
                         Pre-Packaged, Non-hazardous Food Push Cart (no potentially hazardous foods)  
                         Other (describe) \_\_\_\_\_

Name, Address, Telephone Number for Servicing Area

\_\_\_\_\_  
\_\_\_\_\_

Describe the location of the MFE in relation to the Servicing Area

\_\_\_\_\_  
\_\_\_\_\_

Locations, Days and Times (approximate) the MFE will stop to service its customers

\_\_\_\_\_  
\_\_\_\_\_

**Warren County Health Department Use Only**

APPROVED – Permit Restrictions \_\_\_\_\_

DISAPPROVED – Reason(s) for Disapproval \_\_\_\_\_

Reviewed by \_\_\_\_\_  
(Name and Title)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Anticipated Numbers of Meals/Servings per Day \_\_\_\_\_

Name of Person in Charge who will be present at the MFE during its hours of operation \_\_\_\_\_

Name of Person in Charge who is responsible for the operation of the Servicing Area \_\_\_\_\_

List ALL food and beverage items to be prepared and/or served at the MFE. Attach a separate sheet if necessary. (Note: Any changes to the menu must be submitted to and approved by the Health Department prior to their service.) \_\_\_\_\_

Identify the sources for all food items, including ice. \_\_\_\_\_

Will all foods be prepared at and stored on the MFE?

YES – Complete Attachment D (Food Preparation at the MFE)

NO – Complete Attachment B (Food Preparation at the Servicing Area) and Attachment D (Food Preparation at the MFE) and describe how the food will be transported to the MFE.

How will food temperatures be monitored at the MFE? \_\_\_\_\_

List the equipment and procedures that will be used at the MFE to maintain temperatures of potentially hazardous foods \_\_\_\_\_

Specifically identify how ready-to-eat foods will be protected from raw foods of animal origin during storage, transportation, preparation by food workers, and cooking at the MFE \_\_\_\_\_

How will food and related items that are not temperature sensitive (paper products, utensils, etc.) be stored at the MFE? \_\_\_\_\_

Describe the location and set-up of the hand washing facility to be used at the MFE \_\_\_\_\_

Identify the source of the potable water supply and describe how water will be provided to the MFE. If a non-public water supply is to be used, provide the results of the most recent water tests \_\_\_\_\_

Identify how, how often, and how much water will be provided to the MFE. Specify the location, number, and volume of any potable water tanks to be used. Describe the procedures for cleaning and refilling the tanks. \_\_\_\_\_

Identify the location, source, and capacity of the hot water supply for the MFE. \_\_\_\_\_

\_\_\_\_\_

Describe where utensil washing will take place. Describe where extra supplies of clean utensils will be stored.

\_\_\_\_\_

\_\_\_\_\_

Identify which sanitizer(s) will be used at the MFE and where they will be stored. \_\_\_\_\_

\_\_\_\_\_

Describe how and where wastewater from hand washing and utensil washing will be collected, stored, and disposed of. Specify the volume and location of the wastewater collection vessels and the procedures for emptying the tanks. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify the location of toilet facilities for the MFE workers. \_\_\_\_\_

\_\_\_\_\_

Describe the number, location, and types of garbage disposal containers at the MFE. \_\_\_\_\_

\_\_\_\_\_

Identify how, when, and where the garbage disposal containers will be emptied. \_\_\_\_\_

\_\_\_\_\_

Describe the structure of the MFE (floors, walls, overhead protection, surfaces, and general facilities for food protection). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how electricity, gas, propane, and other utilities will be provided to the MFE. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any information about the MFE & Servicing Area that should be considered. \_\_\_\_\_

\_\_\_\_\_

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Warren County Health Department may nullify final approval.

Signature(s) \_\_\_\_\_

Printed Name(s) \_\_\_\_\_

Date of Submission \_\_\_\_\_

Approval of these plans and specifications by the Warren County Health Department does not indicate compliance with any other code, law, or regulation that may be required (federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed MFE (structure or equipment). A pre-opening inspection of the MFE with equipment in place and operation will be necessary to determine if it complies with the local and state laws governing MFEs.

**SERVICING AREA SKETCH**

In the following space, provide a drawing of the food establishment that serves as the Servicing Area. Identify and describe all equipment, including cooking equipment, hot and cold holding equipment, hand washing facilities, work tables, dish washing facilities, food and single service articles storage, garbage containers, the potable water supply, and waste water disposal system at the Servicing Area.

**SERVICING AREA FOOD PREPARATION**

List each food item and its preparation procedures that will take place at the Servicing Area.

<b>FOOD</b>	<b>THAW How? Where</b>	<b>CUT/WASH/ ASSEMBLE How? Where</b>	<b>COLD HOLDING How? Where</b>	<b>COOK How? Where?</b>	<b>COOLING How? Where?</b>	<b>REHEATING How? Where?</b>	<b>DELIVERY TO THE MFE How?</b>

## **MOBILE FOOD ESTABLISHMENT SKETCH**

In the following space, provide a scaled plan layout of the MFE. Identify and describe all equipment including cooking equipment and hot and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.

**MOBILE FOOD ESTALISHMENT FOOD PREPARATION**

List each food item and its preparation procedures that will take place on the MFE.

<b>FOOD</b>	<b>THAW How? Where?</b>	<b>CUT/WASH/ ASSEMBLE How? Where?</b>	<b>COLD HOLDING How? Where?</b>	<b>COOK How? Where?</b>	<b>COOLING How? Where</b>	<b>REHEATING How? Where</b>	<b>COMMERCIAL PRE-PACKAGED ITEM</b>