

**WEST WINDSOR TOWNSHIP BOARD OF HEALTH
 LICENSE APPLICATION
 ANNUAL MOBILE (ITINERANT) FOOD HANDLING**

**THIS APPLICATION IS FOR ANNUAL LICENSES ONLY. APPLICANT MUST REACH OUT TO THE CLERKS OFFICE FIRST.
 APPLICANTS MUST COMPLETE ALL 3 PAGES OF THE APPLICATION.**

Trade Name:		Fee: \$80.00
Submittal Date:	/ /	License Plate #:
Owner:		
Mailing Address:		
City:	State:	Zip:
Mobile Phone:	Fax:	Other:
Email:		
Contact Person:		Phone:
Commissary/Base of Operation:		
Address:		
City:	State:	Zip:
Inspection Date of Base:		
Licensing Agency:		
Nonprofit organizations duly incorporated under Title 15 of the New Jersey Statues are exempt from fees.		
New Jersey State Tax I.D #:		
<u>Owner Certification</u>		
The undersigned agrees to operate this food establishment in accordance with N.J.A.C. 8:24 and all applicable state and local regulations.		
I certify that this mobile food unit returns daily to the base of operation/commissary for vehicle and equipment cleaning, discharging liquid or solid waste, refilling water tanks, ice bins and food stocks. I also understand that the home preparation or storage of food, or the cleaning of equipment or utensils used in this mobile unit is prohibited by law and subject to penalties, fines and revocation of licensure. This license shall be deemed invalid if the licensee fails to receive and maintain any additional required approvals from the West Windsor Township Zoning Officer, Fire Official and the Office of the Clerk.		
Signature:		Date:
Print Name:		
FOR OFFICE USE ONLY:	License # Issued:	

**COMPLETED APPLICATIONS, FEES AND SUPPORTING DOCUMENTS SHALL BE RETURNED TO:
 WEST WINDSOR TOWNSHIP
 ATTENTION: BOARD OF HEALTH
 271 CLARKSVILLE ROAD, WEST WINDSOR, NJ 08550**

Application Page 2
Mobile (Itinerant) Food Handler Data Form

Indicate how the unit will operate. Fixed locations Multiple sites daily

Locations of Operations	Dates	Hours	Zoning Approval

Person in Charge: _____ Number of employees in the food prep area: _____

Location of employee restroom. _____

List provisions for disposal of trash and liquid waste. _____

Menu Item	Location of preparation	Daily Quantity

Circle items below provided within the mobile unit.

Hot/Cold Water Hand Sink Prep Sink 3 Basin Sink Sanitizer/Test Strips Gloves
 Indicating thermometer Thin-probe thermometer Food-grade hoses Protective light covers
 Refrigeration Units Freezers Hot Holding Units Bain-marie Coolers Grill/Griddle Oven Range
 Fryers Hood Microwave Wok List additional cooking equipment: _____

Are coolers used to store potentially hazardous foods? Yes NO

Application Page 3
Mobile (Itinerant) Food Handler Floor Plan

The following items are required to be attached to your application:

- A copy of the Food Protection Managers Certification
- Floor plan: Sketch/ Layout/ Photo of the facility
- Most recent inspection report from the Base of Operation/Commissary
- Documentation on availability of restrooms for food handlers

The following area can be used for the Floor plan: Sketch/ Layout/ Photo of the facility

