



KENILWORTH BOARD OF HEALTH

575 Boulevard, Kenilworth, NJ 07033 • Tel. (908) 276-2740 • Fax: (908) 276-4813

Application For License to Operate Mobile Retail Food unit

TEMPORARY LICENSE - RISK TYPE: _____ FEE: _____

(Risk Type & Fee Determined by Health Department Only – Do Not Change)

INCIDENTALS: _____ FEE: _____

TOTAL AMOUNT: \$ _____ **PAYABLE TO: BOROUGH OF KENILWORTH**

Event Name & Location _____ Event Date: __/__/__

Event Day Contact Person: _____ Contact's Phone #: _____

BUSINESS NAME & MAILING ADDRESS: _____

BUSINESS PHONE #: _____ **EMAIL ADDRESS:** _____

Ownership type (Check One): Individual Partnership Corporation LLC LLP

OWNERSHIP'S LEGAL NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ **ALT. PHONE#:** _____

EMAIL ADDRESS: _____ **FAX NUMBER:** _____

PARTNERS, and/or CORPORATE OFFICERS IDENTIFICATION (attach to application if needed)

Name: _____ Position: _____ Address: _____

Name: _____ Position: _____ Address: _____

Name: _____ Position: _____ Address: _____

COMMISSARY LEGAL NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ **ALT. PHONE#:** _____

EMAIL ADDRESS: _____ **FAX NUMBER:** _____

SUBMIT COPY OF CURRENT MENU, SANITATION INSPECTION FOR MOBIL UNIT & COMMISSARY RETAIL FOOD KITCHEN, ONSITE STAFF FOOD HANDLERS / FOOD SAFETY MANAGER CERTIFICATION

I/We hereby make this application for the license(s) indicated above, agreeing to conduct the aforementioned establishment & mobile unit in compliance with the New Jersey State Sanitary Code and the Sanitary Code as adopted by the Borough of Kenilworth.

Authorized Representative: _____

(PRINT NAME) (TITLE) (SIGNATURE) (DATE)

All applicable fields must be filled in. A failure to do such may result in postponing and/or denial of application, with no refund of fees.

DO NOT WRITE BELOW THIS LINE

DATE RECIEVED: _____ PAYMENT: check [] cash [] money order [] LICENSE#: _____

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

<p style="text-align: center;">Handwash station</p> <input type="checkbox"/> 5-gallon insulated container with continuous flow spigot & 5 gallon catch bucket <input type="checkbox"/> Plumb hand sink <input type="checkbox"/> Warm water <input type="checkbox"/> Liquid pump hand soap & paper towels	<p style="text-align: center;">Cooking/reheating equipment</p> <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Fryer <input type="checkbox"/> Smoker <input type="checkbox"/> Oven <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p style="text-align: center;">Cold/hot holding equipment</p> <input type="checkbox"/> Ice Chest Source of Ice _____ <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<p style="text-align: center;">Temperature monitoring</p> <input type="checkbox"/> Thin-probe stem thermometer(s) <input type="checkbox"/> Indicating thermometer(s) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p style="text-align: center;">Sanitization</p> <input type="checkbox"/> 3 Compartment Sink <input type="checkbox"/> 3 Portable tubs <input type="checkbox"/> Bucket & wiping cloths <input type="checkbox"/> Bleach test strips <input type="checkbox"/> Other _____	<p style="text-align: center;">Food & equipment protection</p> <input type="checkbox"/> Canopy/tent <input type="checkbox"/> Tarp <input type="checkbox"/> Shelving/pallets <input type="checkbox"/> Sneeze guard <input type="checkbox"/> Foil/plastic wrap <input type="checkbox"/> Other _____
<p style="text-align: center;">Food handler hygiene</p> <input type="checkbox"/> Clean shirt/apron <input type="checkbox"/> Hair restraint/Hat <input type="checkbox"/> Disposable gloves <input type="checkbox"/> Serving tongs <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p style="text-align: center;">Waste disposal</p> <input type="checkbox"/> Trash receptacles <input type="checkbox"/> Wastewater receptacles <input type="checkbox"/> Grease receptacles <input type="checkbox"/> Other _____ <p style="font-size: small;">**Wastewater & grease must be properly disposed of. Disposing onto the surface of ground and/or the storm drain system is not permitted, and may result in court summons being issued **</p>	<p style="text-align: center;">Other</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

STATEMENT: I hereby certify that all information provided above is correct, and fully understand that any deviation from the information provided without prior approval from Borough of Kenilworth’s Board of Health may nullify any approval to operate in the Borough of Kenilworth as a Temporary Retail Food Establishment, must cease all food services that were granted by such.

Authorized Representative: _____
 (PRINT NAME) (TITLE) (SIGNATURE) (DATE)

For Office Use Only		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Inspector:
Reasons / Restrictions:		

MOBIL RETAIL FOOD ESTABLISHMENT FLOOR PLAN DIAGRAM

Check all that apply: Food Truck Trailer Table Tent

License Plate #? _____

Please label all equipment to be used, such as handwash station, cold/hot holding equipment, cooking/reheating equipment, ware washing station, overhead coverage, and storage area(s).

A large grid for drawing a floor plan diagram. The grid is composed of 20 columns and 30 rows of small squares, providing a space for the user to draw and label their mobile food establishment layout.

MENU & FOOD PREPARTION

Pleas list food & beverage items that you are planning to serve. If a section is no applicable. Indicated with “N/A” in the box.
Use additional sheets as may be necessary.

All food and beverages must be purchase from an approved source. Food and/or beverages prepared in a private home are not permitted to be used or offered for consumption. Only exception being those licensed by NJDOH as a Cottage Food Operator, where said Operator is selling direct to the public as outlined by § 8:24-11.3 of NJ Sanitation code. Offsite facilities must be licensed and regularly inspected. **Provide a copy of most recent copy of offsite facility inspection** with application.

Any menu changes must be submitted and approved by Kenilworth Borough Board of Health prior to implementation/sales from Mobil Unit.

***** WORKING THERMOMETERS ARE REQUIRED TO MONITOR FOOD COOKING TEMPERATURS & HOT/COLD HOLDING TEMPERATURES*****

FOOD / BEVERAGE ITEM	PREP ONSITE OR OFFSITE* FACILITY	TRANSPORT HOT OR COLD? HOW TRANSPORTED?	COLD HOLDING EQUIPMENT USED? (41°F OR BELOW)	COOKING/REHEATING EQUIPMENT USED? FINAL COOKING REHEAT TEMPERATURE?	HOT HOLDING EQUIPMENT USED? (140°F OR ABOVE)	HOW ARE YOU PREVENTING CROSS CONTAMINATION	HOW ARE YOU PREVENTING BARE-HAND CONTACT?
Example: Hamburger	Onsite	Cold: Ice Chest	Refrigerator with indicating thermometer	Grill to 155°F Check with Thin probe stem thermometer	Grill/Steam table	Designated worker only handling raw meats	Gloves/tongs

*Name & location of off-site facilities used:	
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