

**2016**  
**FAIR LAWN HEALTH DEPARTMENT**  
**ANNUAL MOBILE FOOD VENDOR LICENSE**  
**COST \$180.00 PER TRUCK/VEHICLE.**  
**FOR ALL TYPES OF FOOD THAT ARE SOLD FROM THE TRUCK**

Trade Name: \_\_\_\_\_

Owner/Corporation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell#: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Description of Vehicle Being Licensed: \_\_\_\_\_

License Plate # of Vehicle: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Type(s) and Source(s) of Food to be sold from Truck: \_\_\_\_\_

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

List All Locations and Times of Day for All Stops in Fair Lawn:

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

All applicants must attach the following items:

1. Copy of **New Jersey Certificate of Authority** for mobile vendor/company (sales tax document)
2. Copy of **Driver's License**
3. Copy of **Vehicle Registration**
4. Copy of **Servicing Area's Last Inspection Report**

I hereby certify that the above vehicle will be kept in proper sanitary order, according to Chapter 12 requirements. I am aware that this license expires on December 31<sup>st</sup> and must be renewed annually.

1. License fee submitted for this location: \$180
2. License fee submitted if application will be received after January 15, 2016
3. \_\_\_\_\_ Initial Registrations for food handlers with expired/revoked cards at \$35 each = \$ \_\_\_\_\_
4. \_\_\_\_\_ Initial Registration for new food handler(s) at \$35 each = \$ \_\_\_\_\_
5. \_\_\_\_\_ Food handler Registration Renewals at \$10 each = \$ \_\_\_\_\_
6. Total amount of fees submitted for this location: \$ \_\_\_\_\_

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

**Please make checks payable to the Borough of Fair Lawn and mail to:**  
**Fair Lawn Health Department**  
**8-01 Fair Lawn Avenue**  
**Fair Lawn, New Jersey 07410**  
**(Do not write below this line)**

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DATE: \_\_\_\_\_ HEALTH OFFICER APPROVAL: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Late Fee Paid: \_\_\_\_\_ Total Paid: \_\_\_\_\_ MVA #: \_\_\_\_\_

**Page two must be completed by the Owner/Manager of the Servicing Area**

**FAIR LAWN HEALTH DEPARTMENT  
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Page two**

**PART TWO TO BE COMPLETED BY THE OWNER/MANAGER OF THE SERVICING AREA**

**Servicing Area Business Information**

Trading Name of Servicing Area \_\_\_\_\_ Sales Tax ID# \_\_\_\_\_

Owner/Corporate Name \_\_\_\_\_

Address: \_\_\_\_\_

Last Inspection Date \_\_\_\_\_ Phone# \_\_\_\_\_

**I PROVIDE THE FOLLOWING *FOODS* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):**

\_\_\_\_ Pre-packaged foods \_\_\_\_ Water Supply \_\_\_\_ Prepared Hot Foods \_\_\_\_ Raw Fruits and vegetables  
\_\_\_\_ Beverages \_\_\_\_ Ice for consumption \_\_\_\_ Prepared Cold Foods \_\_\_\_ Raw Meats and/or Seafood  
\_\_\_\_ Other \_\_\_\_\_

**I PROVIDE THE FOLLOWING *SERVICES* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):**

\_\_\_\_ Space for the mobile vendor/operator to prepare food at my servicing location  
\_\_\_\_ Space for the mobile vendor/operator to store the mobile unit at my servicing location  
\_\_\_\_ Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area  
\_\_\_\_ Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)  
\_\_\_\_ Refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc)  
\_\_\_\_ Storage of non-potentially hazardous foods, utensils & equipment  
\_\_\_\_ Three-compartment sink to wash, rinse, and sanitize food contact surfaces  
\_\_\_\_ Trash and garbage disposal  
\_\_\_\_ Waste water disposal  
\_\_\_\_ Grease/oil disposal

**THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY)**

\_\_\_\_ Beginning of the day \_\_\_\_\_ End of the day  
Time: \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_ Sunday \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday

**I hereby certify that I am familiar with the State law (NJAC 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a “servicing area”) and that all mobile units/vehicles return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.**

**AND**

**I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited as per NJAC 8:24-3.1 and 8:240-3.2 and is subject to penalties, fines, and possible license forfeiture. If any changes in my operation occur, I agree to notify the Fair Lawn Health Department immediately.**

Servicing Area Owner/Operator (print) \_\_\_\_\_

Servicing Area Owner/Operator (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Owner/Operator (print) \_\_\_\_\_

Mobile Owner/Operator (signature) \_\_\_\_\_ Date: \_\_\_\_\_