

2014
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 31st and must be renewed annually.

1. License fee submitted for this location: \$180
2. _____ Initial Registrations for food handlers with expired/revoked cards at \$30 each = \$ _____
3. _____ Initial Registration for new food handler(s) at \$30 each = \$ _____
4. _____ Food handler Registration Renewals at \$10 each = \$ _____
5. \$50 Late fee if application will be received after January 15, 2014: _____
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)

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

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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: _____