



Stephanie Mendelsohn
 Health Director

W. Allen Lee
 Health Officer

The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

AARON T. WATSON, BUSINESS ADMINISTRATOR

MOBILE FOOD TRUCK/TEMPORARY MOBILE EVENT APPLICATION _____ (Yr.)

Name of Establishment: _____
 Address of Establishment: _____ Block: _____ Lot: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____
 Name of Owner: _____
 Address of Owner: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____
 Name of Contact: _____ Title: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____

Event: _____
 Event Location: _____
 Event Date(s): ____/____/____ - ____/____/____ Hours: _____
 Event Sponsor/Coordinator Name: Last: _____ First: _____
 Sponsor/Coordinator Email: _____ Mobile Phone: (____) ____ - _____

If Mobile Vehicle:
 License Plate Number: _____ State: _____
 Vehicle Insurance Information: _____
 Vehicle Registration Information: _____

Menu:

DETAILED MENU ITEMS	HOT / COLD / UNPREPPED	EQUIPMENT USED TO PREPARE	EQUIPMENT USED TO STORE	POTABLE WATER

*Please note, a food safety manager level certification must be submitted for any risk type 3 establishments. This includes any establishment that has an extensive menu which requires the handling of raw ingredients; and is involved in the complex preparation of menu items that includes the cooking, cooling, and reheating of at least three or more potentially hazardous foods.

Commissary Information:

1. Do you operate from a commissary on a daily basis? YES NO
 If no, explain: _____

2. Do you report back to the commissary at the end of the day for all cleaning, servicing operations and waste disposal? YES NO
 If no, explain: _____

3. Is this commissary inspected by the Ewing Township Health Department? YES NO
 4. If no, please provide a copy of a recent inspection report for the commissary.
 Name of regulatory agency that inspects the commissary: _____

Business Name or Commissary Owners Name: _____
 Street: _____
 Phone: _____
 City: _____
 State: _____ Zip: _____

The above Commissary is used for the following:

Food Water Supplies
 Cleaning of equipment/utensils
 Storage of vendor unit
 Waste disposal
 Repairs of vendor unit

Note: COPY OF COMMISSARY AND/OR INSPECTION REPORTS MUST BE AVAILABLE FOR HEALTH DEPARTMENT REVIEW.

Signature of Commissary Owner/Operator: _____ **Date:** _____

Annual Mobile Truck Fee: -----\$150.00
 Temporary Event Fee: -----\$75.00

The undersigned applicant agrees to operate the aforementioned food handling establishment in accordance with the provision of N.J.A.C 8:24 "Sanitation in Retail Food Establishment and Food and Beverage Vending Machines", the governing Code for the State of New Jersey and any local ordinances.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____
 Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____
 Fee Collected: _____ Cash: _____ Check: _____ Credit Card: _____
 Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)