

EDGEWATER PARK TOWNSHIP
BOARD OF HEALTH DEPARTMENT
400 Delanco Road
Edgewater Park, NJ 08010

Phone (609) 877-2050

Fax (609) 877-2308

June 25, 2015

Re: 2015 Community Day-Food Vendors

To Whom It May Concern,

Enclosed please find a packet from the Burlington County's Board of Health concerning Mobile/Temporary Retail Food Service Facilities for Community Day on October 17, 2015.

Anyone who has already had their 2015 inspection from the Burlington County Board of Health only has to fill out the "Application for Mobile/Temporary Food Service Facility."

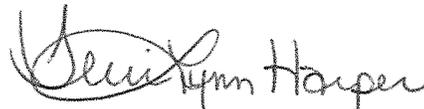
If you have not had your inspection you must fill out both forms (the one mentioned above) and the "Servicing Area/Base of Operations Certification" no later than August 3, 2015.

Any questions or concerns you may call Tyrone Eugene, Senior Registered Environmental Health Specialist, Burlington County Health Dept. at 609-265-5566.

All forms must be sent to: Burlington County Board of Health
Attn: Tyrone Eugene
15 Pioneer Blvd.
P.O. Box 6000
Mt Holly, NJ 08060 (or faxed to: 609-865-5541)

No later than August 3, 2015.

Sincerely,



Terri Lynn Harper
Edgewater Park Township
Board of Health, Secretary



**PROCEDURES FOR OPERATING
A MOBILE / TEMPORARY RETAIL FOOD SERVICE FACILITY**

In order to operate a Mobile / Temporary Retail Food Service Facility in Burlington County, the following steps are required:

- An **Application for a Mobile / Temporary Retail Food Service Facility** must be completed and returned to the Burlington County Health Department (BCHD) prior to operating.

**APPLICATIONS FOR TEMPORARY EVENTS SHALL BE SUBMITTED NO LATER THAN
10 DAYS PRIOR TO THE EVENT**

- The vendor shall provide proof of an agreement with a **SERVICING AREA/BASE OF OPERATIONS**. [A commercial kitchen that has been inspected by a local health dept.] Include a completed **SERVICING AREA/BASE OF OPERATIONS CERTIFICATION FORM** with your application. If this facility is located outside of Burlington County, then a copy of the establishment's MOST RECENT health inspection written report is also required.
- Servicing Areas are facilities in which food and supplies are prepared, kept, handled, packaged, and/or stored. Also an operating base location to which a mobile retail food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. (**Private Residences Prohibited**)
- NJ TAX ID # required- NJ law requires all vendors, even seasonal businesses and "one-time" vendors, who makes retail sales and conducts business in NJ to register with the State for tax purposes and to collect NJ sales tax on all sales of taxable tangible personal property or services. To obtain a NJ Sales Tax ID#, you can register online or file a paper application. File Form NJ-REG (Business Registration Application) to register with the State *and* to obtain NJ Tax ID #. For info on registering your business, contact the NJ Dept. of Taxation at 609-292-6400, email nj.taxation@treas.state.nj.us or www.state.nj.us/treasury/revenue/gettingregistered.shtml
Publications: <http://www.state.nj.us/treasury/taxation/publsut.shtml>
- All vendors shall provide a method of handwashing such as running water with soap and paper towels or a hand wash station approved by the BCHD.
- Written permission from Municipal officials regarding vending locations may be required prior to Health Dept. approval.
- An inspection by a representative of the BCHD shall be conducted prior to operating or arrangements shall be made with the BCHD for an inspection during an event to determine compliance. Upon completion of a Satisfactory inspection, a written inspection report and Satisfactory evaluation placard will be issued to the vendor.
- The vendor shall then provide a copy of the inspection report and evaluation placard to each municipality serviced, to obtain a food vending license or permit, prior to operating.
- The inspection placard must then be posted in view of the public during all working hours.
- An inspection will be conducted annually by the BCHD and required to renew the retail food license.

HOME PREPARATION & STORAGE OF FOOD IS PROHIBITED



Burlington County Health Department
 15 Pioneer Boulevard, P.O. Box 6000
 Westampton, New Jersey 08060
 Phone: 609-265-5515 Fax: 609-265-5541

Official Use Only	
Date Rec'd _____	Insp _____
Approved _____	Disapproved _____
Date: _____	Insp Initials: _____

APPLICATION FOR MOBILE / TEMPORARY FOOD SERVICE FACILITY
(HOME PREPARATION & STORAGE OF FOOD IS PROHIBITED)

ATTACH DRAWING WITH FACILITY LAYOUT, IDENTIFICATION AND PLACEMENT OF EQUIPMENT ITEMS (PG 3)

TYPE OF FACILITY: MOBILE TEMPORARY MUNICIPALITY: _____
 FACILITY TRADE NAME: _____ TAX ID # _____ LIC PLATE# _____
 MAILING ADDRESS: _____
 PHONE: _____ CELL PHONE #: _____ E MAIL: _____
 NAME OF TEMPORARY EVENT: _____ LOCATION: _____ DATE: _____ TIME: _____

TEMPORARY EVENT VENDORS SHALL SUBMIT APPLICATIONS NO LATER THAN 10 DAYS PRIOR TO THE EVENT

NAME OF SERVICING AREA FACILITY / BASE OF OPERATIONS*: _____
 ADDRESS: _____ PHONE: _____
 Food units shall operate from a commercial catering establishment, restaurant, or other approved facility in which food or supplies are prepared, kept, handled, packaged, and/or stored. **(Private Residences Prohibited)**
 * **(Attach Completed Servicing Area/Base of Operations Certification Form for Mobile/Temp Food Vendors)* (Pg 2)**

FOOD PREPARATION & MENU INFORMATION –List all menu items & volume of food, Explain cooking and cooling procedures for food prepared in advance (attach sheet if necessary) _____

ONSITE: (list & describe how food is prepared onsite): Note: Limited onsite operations only- prior approval required: _____

PRE-PACKAGED: _____ **COMMERCIALLY PREPARED:** List Supplier info: _____

METHODS TO MAINTAIN PROPER FOOD TEMPERATURES: (Use Stem Type Indicating Thermometers to Monitor Temps)

HOT: _____ COLD: _____
(STERNO NOT ALLOWED)

METHODS TO PROTECT FOOD WHILE ON DISPLAY AND DURING TRANSPORT: (Types of covering, sneeze guards, cabinets etc.)

HANDWASHING METHOD: Handwash Sink Handwash Station (Explain set up): _____

METHOD OF WASHING/ RINSING/ SANITIZING UTENSILS AND EQUIPMENT: _____

WASTE/TRASH DISPOSAL METHODS: SOLIDS: _____ LIQUIDS: _____

APPLICANT NAME (Print) _____ **SIGNATURE:** _____ **DATE:** _____



Burlington County Health Department
 15 Pioneer Boulevard, P.O. Box 6000, Westampton, New Jersey 08060
 Phone: 609-265-5515 Fax: 609-265-5541



SERVICING AREA /BASE OF OPERATIONS CERTIFICATION FORM
FOR MOBILE/TEMPORARY FOOD VENDORS

Food Units shall operate from a commercial catering establishment, restaurant, or other approved facility in which food and supplies are prepared, kept, handled, packaged, and/or stored. Also as an operating base location to which a mobile retail food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.
 (Private Residences Prohibited)

NAME OF MOBILE / TEMPORARY FOOD FACILITY: _____

THIS SECTION TO BE COMPLETED BY SERVICING AREA FACILITY OWNER/MANAGER: TAX ID #: _____

NAME OF SERVICING AREA FACILITY: _____ **ADDRESS** _____

OWNER/CORPORATE NAME _____ **DATE OF LAST HEALTH INSPECTION **** _____

MAILING ADDRESS _____

HOME PHONE NUMBER _____ **CELL PHONE:** _____ **E-MAIL:** _____

****NOTE: ATTACH A COPY OF MOST RECENT SANITARY INSPECTION REPORT IF NOT INSPECTED BY BCHD ****

SERVICING AREA CLASSIFICATION: (check all that apply)

Food Source Food Storage Clean-up/Waste Discharge Food Preparation

SERVICES PROVIDED AT FACILITY: (Check all that apply)

- Refrigerated storage of perishable food (fruits, vegetables, shellfish, etc.)
- Refrigerated storage of potentially hazardous food (i.e., meats, poultry, fish, eggs, other applicable foods)
- Storage of non-potentially hazardous food
- Three-compartment sink or commercial dishwasher for washing and sanitizing multi-use equipment and utensils
- Food preparation area
- Trash disposal Waste water disposal

FOOD PROVIDED AT SERVICING AREA:

Prepared hot food Pre-packaged food Beverages Raw fruits and vegetables
 Prepared cold food Ice for consumption Water (Municipal Supply Private Well) Other
 (lab results req'd)

THE MOBILE OPERATOR REPORTS TO SERVICING AREA:

Beginning of the day (Time : _____) End of the day (Time : _____) Other (explain) _____

I hereby certify that the information listed above, provided to the Burlington County Health Department, and is accurate. I also understand that the home preparation and storage of food is prohibited, and the cleaning of equipment or utensils used in this mobile/temporary retail food operation is not conducted in a private residence as per NJAC 8:24-3.1 and 3.2. Violations of these rules are subject to penalties, fines and possible license forfeiture. If there are any changes in my operation or the status of my servicing area, I agree to notify the Burlington Health Department immediately.

Owner/Operator of Mobile/Temporary Unit (Print) _____ Date _____

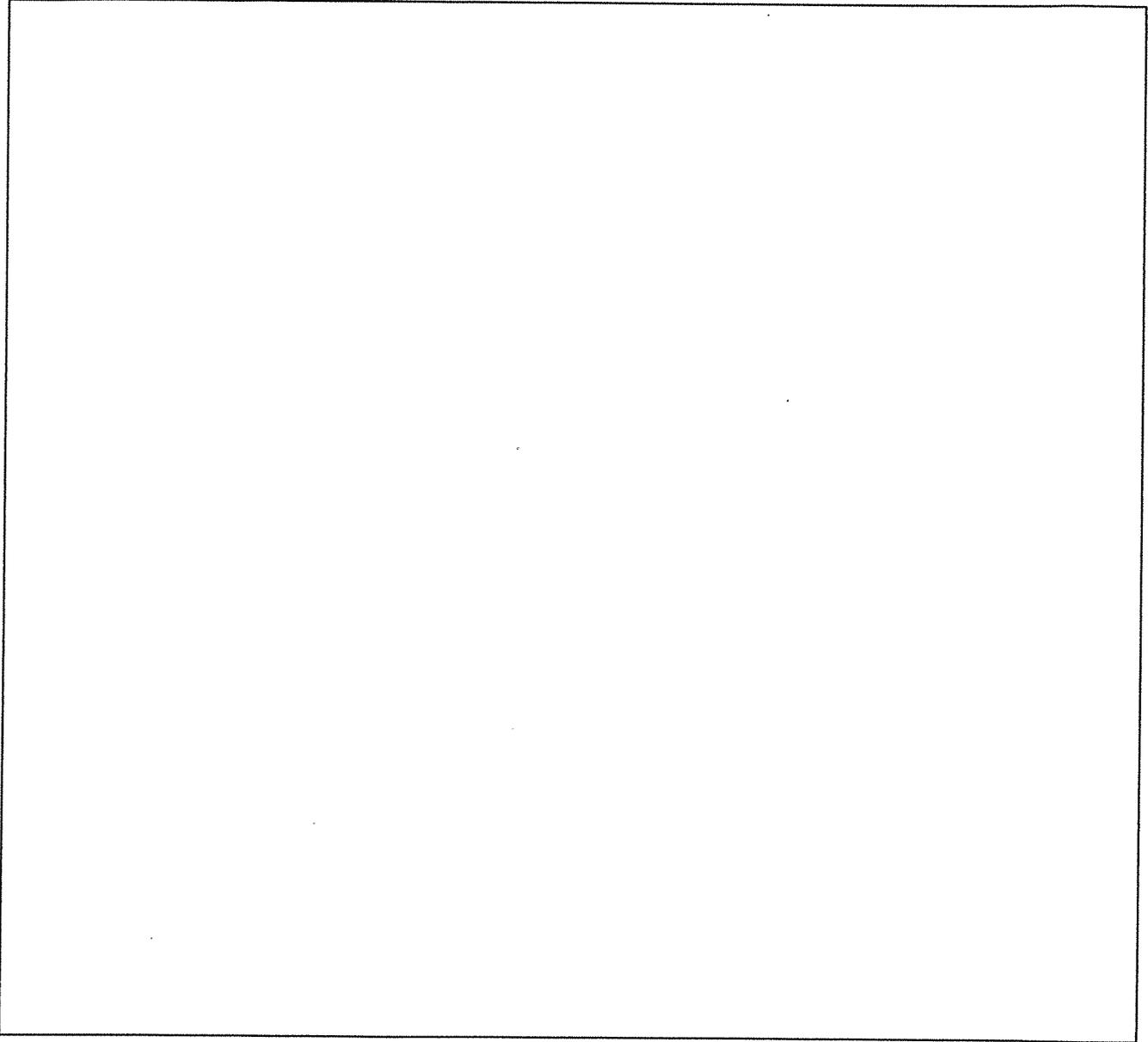
Owner/Operator of Mobile/Temporary Unit (Signature) _____

Owner/Operator of Servicing Area Facility (Print) _____ Date _____

Owner/Operator of Servicing Area Facility (Signature) _____

PROVIDE DRAWING BELOW WITH FACILITY LAYOUT, IDENTIFICATION AND PLACEMENT OF EQUIPMENT
(Handwash sinks/stations, prep tables, cooking equipment, hot and cold storage units, etc.)

NAME OF FACILITY: _____



EXPLAIN PREPARATION METHODS BELOW FOR EACH FOOD ITEM THAT IS PREPARED IN ADVANCE,
PRIOR TO THE EVENT (attach additional sheet if needed)
(LIST TIME/TEMPERATURE METHODS INCLUDING: COOKING-COOLING- REHEATING- HOT / COLD HOLDING)
