

**WEST WINDSOR TOWNSHIP BOARD OF HEALTH  
 LICENSE APPLICATION  
 MOBILE (ITINERANT) FOOD HANDLING**

APPLICANTS MUST COMPLETE ALL 3 PAGES OF THE APPLICATION.

<b>Trade Name:</b>				<b>Fee: \$80.00</b>
<b>Submittal Date:</b>	/	/	<b>License Plate #:</b>	
<b>Owner:</b>				
<b>Mailing Address:</b>				
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	
<b>Mobile Phone:</b>		<b>Fax:</b>	<b>Other:</b>	
<b>Email:</b>				
<b>Contact Person:</b>			<b>Phone:</b>	
<b>Commissary/Base of Operation:</b>				
<b>Address:</b>				
<b>City:</b>		<b>State:</b>	<b>Zip:</b>	
<b>Inspection Date of Base:</b>				
<b>Licensing Agency:</b>				
Nonprofit organizations duly incorporated under Title 15 of the New Jersey Statutes are exempt from fees.				
<b>New Jersey State Tax I.D #:</b>				
<b><u>Owner Certification</u></b>				
The undersigned agrees to operate this food establishment in accordance with N.J.A.C. 8:24 and all applicable state and local regulations.				
I certify that this mobile food unit returns daily to the base of operation/commissary for vehicle and equipment cleaning, discharging liquid or solid waste, refilling water tanks, ice bins and food stocks. I also understand that the home preparation or storage of food, or the cleaning of equipment or utensils used in this mobile unit is prohibited by law and subject to penalties, fines and revocation of licensure. This license shall be deemed invalid if the licensee fails to receive and maintain any additional required approvals from the West Windsor Township Zoning Officer, Fire Official and the Office of the Clerk.				
<b>Signature:</b>			<b>Date:</b>	
<b>Print Name:</b>				
<b>FOR OFFICE USE ONLY:</b>	<b>License # Issued:</b>			

**COMPLETED APPLICATIONS, FEES AND SUPPORTING DOCUMENTS SHALL BE RETURNED TO:  
 WEST WINDSOR TOWNSHIP  
 ATTENTION: BOARD OF HEALTH  
 271 CLARKSVILLE ROAD, WEST WINDSOR, NJ 08550**

**Application Page 2**  
**Mobile (Itinerant) Food Handler Data Form**

Indicate how the unit will operate.    Fixed locations     Multiple sites daily

Locations of Operations	Dates	Hours	Zoning Approval

Person in Charge: \_\_\_\_\_ Number of employees in the food prep area: \_\_\_\_\_

Location of employee restroom. \_\_\_\_\_

List provisions for disposal of trash and liquid waste. \_\_\_\_\_

Menu Item	Location of preparation	Daily Quantity

**Circle items below provided within the mobile unit.**

Hot/Cold Water    Hand Sink    Prep Sink    3 Basin Sink    Sanitizer/Test Strips    Gloves  
 Indicating thermometer    Thin-probe thermometer    Food-grade hoses    Protective light covers  
 Refrigeration Units    Freezers    Hot Holding Units    Bain-marie    Coolers    Grill/Griddle    Oven    Range  
 Fryers    Hood    Microwave    Wok    List additional cooking equipment: \_\_\_\_\_

Are coolers used to store potentially hazardous foods?    Yes        NO

**Application Page 3**  
**Mobile (Itinerant) Food Handler Floor Plan**

**The following items must be attached to your application:**

- A copy of the Food Protection Managers Certification
- Floor plan: Sketch/ Layout/ Photo of the facility
- Most recent inspection report from the Base of Operation/Commissary
- Documentation on availability of restrooms for food handlers

**The following area can be used for the Floor plan: Sketch/ Layout/ Photo of the facility**

