



Submittal Date: _____

Approved Date: _____

Burlington County Health Department
15 Pioneer Boulevard Westampton NJ 08060
609-265-5515 / Fax: 609-265-5541

MOBILE RETAIL FOOD APPLICATION AMENDMENT

This application is to be used by vendors who have received full prior approval from a Health Department and plans on participating in a special event

MOBILE VENDOR BUSINESS AND EVENT INFORMATION

Trading Name of Mobile Unit _____			
Owner/Corporation _____	Street Address _____		
Mail Address _____	City _____	State _____	Zip _____
Contact Person Name _____			
Home Phone# _____	Cell# _____	Fax# _____	
Email _____			
Approval Date of Last Full Application _____			
County/Municipal Health Agency Issuing the Approval _____			
Temporary Event Information			
Name of Event _____			
Dates and Time of Event _____			
Event Contact Person _____		Phone# _____	

CHECK THE ITEMS BELOW WHICH HAVE NOT CHANGED:

- My **set-up** has not changed from my original approved application.
NOTE: If the set-up has changed, page one of the original application must be modified and submitted for approval.
- My **menu** has not changed from my original approved application.
NOTE: If the menu has changed, page two of the original application must be modified and submitted for approval.
- My **servicing area** has not changed from my original approved application.
NOTE: If the servicing area has changed, page three of the original application must be modified and submitted for approval.

I hereby certify that I am familiar with the State law (N.J.A.C. 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 to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. 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 and is subject to penalties, fines and possible license forfeiture. AND, I hereby certify that the above listed information is correct.

Mobile Owner/Operator (print) _____	Date _____
Mobile Owner/Operator (signature) _____	