



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 APPLY:**

My menu, servicing area and set-up **HAVE NOT CHANGED** from my original approved application.

My menu **HAS CHANGED** from my original approved application.

\*NOTE: Page three of the original application must be modified and submitted for approval

My servicing area **HAS CHANGED** from my original approved application.

\*NOTE: Page four of the original application must be modified and submitted for approval

My set-up **HAS CHANGED** from my original approved application.

\*NOTE: Page five 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) \_\_\_\_\_