



BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD
P.O. BOX 6000 - MOUNT HOLLY, NJ 08060
PHONE: 609-265-5515 FAX: 609-265-5541



SERVICING AREA / BASE OF OPERATIONS CERTIFICATION FOR RETAIL FOOD BUSINESSES

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. 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)

Name of Retail Food Business that is using servicing area as their base of operations:

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

NAME OF FACILITY _____ ADDRESS _____

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

MAILING ADDRESS _____

HOME PHONE NUMBER _____ MOBILE 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

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, 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 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 commissary, I agree to notify the Burlington Health Department immediately.

Owner/Operator of Retail Food Business (Print) _____ Date _____

Owner/Operator of Retail Food Business (Signature) _____

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

Owner/Operator of Servicing Area (Signature) _____