

**TOWNSHIP OF ROCHELLE PARK  
BOARD OF HEALTH  
151 WEST PASSAIC STREET  
ROCHELLE PARK, NJ 07662  
Phone: 201-587-7730 FAX: 201-556-0523**

**MOBILE VENDOR APPLICATION**

Please check one:      New application:\_\_\_\_\_      Renewal:\_\_\_\_\_      Fee \$\_\_\_\_\_

Business name:\_\_\_\_\_

Telephone # \_\_\_\_\_      Fax # \_\_\_\_\_

Driver/Owner's name:\_\_\_\_\_

Owner's address:\_\_\_\_\_

Owners telephone # \_\_\_\_\_

License plate # \_\_\_\_\_

Base of operation:\_\_\_\_\_

(location of wholesalers where food is purchased daily)

Servicing area:\_\_\_\_\_

(name and address where cleaning of truck takes place)

Please answer the following questions: (yes or no)

Are all food items labeled \_\_\_\_\_

Is cold food 45' or below \_\_\_\_\_

Is hot food 140' or above \_\_\_\_\_ (Must be internal temp of products)

Are thermometers available for food testing (5 " probe) \_\_\_\_\_

Is there a hot food display case \_\_\_\_\_

Are there any Refrigerators \_\_\_\_\_

Is there proper storage of single service utensils \_\_\_\_\_

Are sugar containers clean \_\_\_\_\_

Is there plastic or stainless steel only \_\_\_\_\_

Are there hand washing facilities with soap & water \_\_\_\_\_

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If not are there single service towelettes \_\_\_\_\_

Is food storage separate from equipment \_\_\_\_\_

Are items stored in plastic \_\_\_\_\_

Are items stored in stainless steel \_\_\_\_\_

Are items stored in original container \_\_\_\_\_

Does mobile vendor take the temperatures of sandwiches and other potentially hazardous foods at the commissary prior to loading the vehicle \_\_\_\_\_

\* Product out of temperature (over 45' or below 140') are not acceptable

\*\* All hot food must reach 140' in 2 hours or less.

Please list all locations and times of stops in this community (for additional space please use reverse of this page)

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I hereby certify that the above information as provided by me is true and complete to the best of my knowledge. Any false statements on this document may be just cause for rejection or revocation of my food license and may also jeopardize my good standing in any other community in which I currently do business. I will send this office notification of any change of the above listings as soon as possible.

Vendor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Health Department use

Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_ License # \_\_\_\_\_ Fee paid \$ \_\_\_\_\_