



# TOWNSHIP of HOPEWELL

MERCER COUNTY

## DEPARTMENT OF HEALTH

*Also Serving Hopewell Borough & Pennington Borough*

201 Washington Crossing Pennington Road

Titusville, New Jersey 08560-1410

Phone: (609) 737-0120 / Fax: (609) 737-6836



**Public Health**  
Prevent. Promote. Protect.

### **APPLICATION TO OPERATE A MOBILE RETAIL FOOD ESTABLISHMENT**

- This application is intended for mobile establishments operating on private property, within Hopewell Township only, and in accordance with Ordinance No. 23-1812.
- Do not submit this application for events held on public property (e.g. parks).
- If you are cooking with propane or any open flame, contact the Fire Safety Dept. at 609-730-8156.
- A complete application is required at least 10 business days prior to operation in the Township.
  - Once an application is approved, arrangements shall be made with HTHD staff for an inspection *prior to first operation* within the Township.

#### **PRINT CLEARLY**

CLERK REGISTRATION NUMBER as per Hopewell Twp. Ordinance No. 23-1812: \_\_\_\_\_

☐ I have read and understand the operating requirements & limitations of the above-referenced Ordinance.

Trading Name of Mobile Vendor: \_\_\_\_\_

Owner/Corporation: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Person-In-Charge: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_ VIN # \_\_\_\_\_

COMPANY VEHICLE NO. (if applicable): \_\_\_\_\_

**\*\*\*Mobile Licenses are not transferrable\*\*\***

#### **BASE OF OPERATIONS / SERVICING AREA / COMMISSARY**

All mobile units shall operate from an approved facility, licensed and inspected, for the storage, preparation, and handling of food and identify a base location for which the vehicle returns regularly for vehicle & equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. **Home preparation & storage of food is strictly prohibited.** A copy of the most recent sanitary inspection report must be included with this application.

Names and Addresses of Servicing Area(s): \_\_\_\_\_

☐ A copy of the most recent Health Department inspection report for the servicing area(s) is enclosed.

The above-listed facility is used for the following (check all that apply):

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Storage of Food                  | <input type="checkbox"/> Water Supply | <input type="checkbox"/> Waste Disposal         | <input type="checkbox"/> Storage of Supplies          |
| <input type="checkbox"/> Cleaning of Equipment / Utensils | <input type="checkbox"/> Food Prep    | <input type="checkbox"/> Repairs of mobile unit | <input type="checkbox"/> Daily storage of mobile unit |

LIST <u>ALL</u> MENU ITEMS, including all food, toppings & beverages ( <i>attach additional pages as necessary</i> )	Where are ingredients purchased for this item?	Describe whether the item is prepared or cooked at the vending site (VS) or the servicing area (SA).

☐ A Food Safety Manager-level certification is enclosed for Risk-type 3 establishments (*any operation with an extensive menu which requires the handling of raw ingredients, and is involved in the complex preparation of items including the cooking, cooling, and reheating of at least three or more potentially hazardous foods*).

OR ☐ Applicant certifies that only Risk-type 1 and/or 2 activities are conducted.

**DESCRIBE THE FOLLOWING:**

☐ Method for keeping cold foods below 41°F and hot foods above 135°F during transportation to the event

☐ Method for re-heating and/or cooking food items at the event (list all equipment & power sources)

☐ Method for hot-holding at the event (e.g. steam table, warming box)

☐ Method for keeping food items cold at the event:

☐ Handwashing Facilities \_\_\_\_\_

☐ **PLEASE LIST THE DATES/EVENTS YOU WILL BE OPERATING AT OR INCLUDE A SEPARATE SHEET** \_\_\_\_\_

**FEE OPTIONS:**

☐ Annual License (July 1 – June 30) - **\$100**

☐ Temporary (one time event) - **\$40**

**RETURN APPLICATION (w/ Fee and Supporting Documents) to:**

**Hopewell Township Health Department  
201 Washington Crossing Pennington Road  
Titusville, NJ 08560**

***(Make checks payable to: Township of Hopewell)***

**The undersigned applicant certifies that all information provided on this application is correct and applicant agrees to operate in accordance with N.J.A.C. 8:24 “Sanitation in Retail Food Establishments and Food & Beverage Vending Machines” as well as any local ordinances.**

**(Signature of Applicant)**

**(Date)**

**FOR HEALTH DEPARTMENT USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/20\_\_\_\_ License Number: \_\_\_\_\_

Revised: 04-25-2024