



UNION COUNTY OFFICE OF HEALTH MANAGEMENT

400 North Avenue East, Westfield, NJ 07090

Phone: 908-518-5620 | Fax: 908-654-9252



TEMPORARY MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

DATE RECEIVED: _____

APPLICATION SHALL BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE EVENT
FEES PER PERMIT SHALL BE RECEIVED NO LATER THAN 2 DAYS PRIOR TO THE EVENT

TEMPORARY MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Temporary Vendor

Owner/Corporation

Street Address

City State Zip code Mailing Address (if different)

Home Phone Cell Phone Fax

Email

Contact Person Telephone

Email

NEW JERSEY FOOD PROTECTION MANAGER CERTIFICATION (Please provide a copy)

Name of certified Individual Issuance Date Expiration Date

TYPE OF TEMPORARY MOBILE VENDOR (Check all that apply)

____ Tabletop/Tent ____ Trailer _____ Non-motorized pushcart (Example: Italian ice pushcart, hotdog cart etc.)

____ Motorized mobile truck _____ Immobile cooking station (Example: hot/cold prepackaged food, catered food, hot holding cooked food)

Other: _____

Sanitation/Personal Hygiene

- ☐ Hot/Cold Running Water
- ☐ Freshwater Container _____gals (in a truck /trailer)
- ☐ Wastewater Container _____gals (in a truck /trailer)
- ☐ Hand Sink with Warm Running Water (in a truck /trailer)
- ☐ Insulated Container with Free-Flowing Spout (for tabletop / tent)
- ☐ 3-Compartment Sink w hot/cold running water (Trucks / trailers)
- ☐ 3-Compartment Set-up (Tabletop / Tent)
- ☐ Buckets/Spray Bottles w/Sanitizer
- ☐ Gloves ☐ Paper Towels
- ☐ Pump Hand Soap / Automatic Hand Soap Dispenser

Other Equipment

- ☐ Trash Container
- ☐ Sneeze Guards
- ☐ Extra Utensils
- ☐ Covered Containers
- ☐ Foil/ Plastic Wrap
- ☐ Ambient Thermometers for each refrigerator
- ☐ Thin Probe Thermometer
- ☐ Sanitizer / Test Kit



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EVENT INFORMATION

Select the location of the event: Union County Parks / Facilities _____ Berkeley Heights ☒ _____ Scotch Plains _____
Roselle _____

Address of the event: Embassy Suites; 250 Connell Dr. Berkeley Heights, NJ

Name of the event: Taste of Berkeley Heights
Date(s) of the event: 2/23/26

Hours of the event: 6-9 PM
Events coordinator name: Chris Wang

Events coordinator phone number: 862-812-0341
Events coordinator email: bhbcnj@gmail.com

Please note that permitting is done by each municipality independently.

FOR SCOTCH PLAINS PLEASE MAKE THE PAYMENT AT:

Township of Scotch Plains.

430 Park Avenue, Scotch Plains, NJ 07076

908-322-6700 X 309

With a check for \$50.00 made payable to the Township of Scotch Plains.

FOR BERKELEY HEIGHTS PLEASE MAKE THE PAYMENT AT:

Berkeley Heights Board of Health

29 Park Avenue, Berkeley Heights, NJ 07922

908-464-2700

With a check for \$50.00 made payable to Berkeley Heights.
Online payments also available.

FOR ROSELLE PLEASE MAKE THE PAYMENT AT:

Roselle Board of Health

210 Chestnut Street, Roselle, NJ 07203

908-634-4550

Fees will be determined based on application.

FOR UNION COUNTY PARKS / FACILITIES MAKE THE PAYMENT AT:

Union County Office of Health Management

400 North Avenue East, Westfield, NJ 07090

908-518-5634

Checks /money orders made payable to County of Union.
Fees will be determined based on application.

FOOD INFORMATION

WILL YOU BE DOING ANY OF THE FOLLOWING:

- ☐ Specialized processing? (Reduced oxygen packaging (vacuum sealing), smoking or curing of foods, fermentation, acidification of foods, Sushi Rice, etc.). Food preparation and cooking only in the commissary kitchen. HACCP plan is required.
- ☐ Raw Shellfish? (Mussels, oysters, clams, etc.)
- ☐ Preparing (including but not limited to): Buttercream Icing, Caesar dressing, Hollandaise or Bearnaise sauce, Mayonnaise, Meringue, Tiramisu, Eggnog, or other egg-fortified beverages?
- ☐ Cottage food operations. A copy of the NJ Cottage food permit must be provided
- ☐ NO, I WILL NOT BE DOING ANY OF THE ABOVE-MENTIONED PROCESSES



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FOOD PREPARATION

List EVERY item on your menu including toppings and drinks	List all the ingredients for each item on the menu	The location where the food is being PREPARED : At the event (V) ; At the commissary kitchen (C)	List all COOKING equipment used for each item on the menu. Example: Oven, grill, stove, etc.	List all the REHEATING equipment used to reheat the food items. Example: Oven, stove, etc.	List all HOT-HOLDING equipment used to keep the food items hot at the event. Example: Steam table, Warming box, etc. Chafing Dishes canned fuel / sterno are not recommended for outside events.	List all COLD-HOLDING equipment used to keep food items cold at the event. Example: Refrigerator, Freezer, etc.	Where did you buy these items? List the store name and location.



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SKETCH AERIAL VIEW OF FLOOR PLAN

List all equipment utilized in your set-up, including but not limited to oven, stove, grill, smoker, hot holding units, refrigerators, freezers, handwashing sink, 3-compartment sink, display case, etc.



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FOOD PREPARATION AND COOLING PROCESS AT COMMISARY KITCHEN

Write a cooling procedure for all food items cooked in advance and cool down at the commissary kitchen.



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COMMISSARY AGREEMENT

Section 1 – To be completed by the APPLICANT

Business Name: _____

Owner / Operator Name: _____

Business Mailing Address: _____

Best contact phone number: _____ Email address: _____

I hereby certify that I am familiar with the N.J.A.C. 8:24 - CHAPTER 24 “*Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations*” requiring that all temporary mobile retail food establishments operate from an approved base location (otherwise known as a “Commissary kitchen”) and that all temporary mobile retail food establishments (trucks, table set-ups, trailers, and others) return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

I hereby certify that the above-listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment and utensils used in that mobile operation is prohibited as per N.J.A.C. 8:24 and is subject to penalties, fines, and possible license forfeiture. If any changes in my operation occur, I agree to notify the Union County Office of Health Management immediately.

Mobile Establishment Owner’s name (print): _____

Mobile Establishment Owner’s signature: _____ Date: _____

Section 2- To be completed by COMMISSARY OWNER / OPERATOR

Commissary Name: _____

Address: _____

Business phone number: _____

Owner / Operator Name: _____ Owner best contact number: _____

End date of this contract: _____

Check all appropriate services provided:

_____ Wastewater disposal	_____ Food preparation area	_____ Refrigeration equipment
_____ Portable water	_____ Electrical hookups	_____ Food storage facilities
_____ Disposal of rubbish & garbage	_____ Toilet & handwashing facilities	_____ Mop sink
_____ Hot / cold water for vehicle	_____ 3-Compartment sink	_____ Overnight vehicle storage
_____ Grease/oil disposal	_____ Utensils / Equipment Storage	
_____ Other services not listed: _____		



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I hereby certify that the information I have provided is current, true, and correct to the best of my knowledge and meets the N.J.A.C 8:24 CHAPTER 24 "Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations" requirements.

If the food facility operator fails to comply with the conditions of this contract, or if this contract is modified or canceled, the commissary owner shall notify the Union County Office of Health Management immediately.

Commissary Kitchen Owner's name (print): _____

Commissary Kitchen Owner's Signature: _____ Date: _____

If the commissary kitchen is not inspected by the Union County Office of Health Management you shall provide the commissary's last Inspection Report along with this agreement.

Note: If this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.

***This Commissary Agreement shall be effective for no longer than one year.**



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ATTACHMENT CHECKLIST (Submit all with the application)

- ☐ **Payment** of the application.
- ☐ **Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, and workspaces. (Page 4)
- ☐ **Written cooling procedure** if cooking and cooling down are being performed. (Page 5)
- ☐ Copy of **Driver's License** for all mobiles (trucks, trailers)
- ☐ Copy of **Vehicle Registration** for all mobiles (trucks, trailers)
- ☐ Copy of **Food Protection Manager Certification** if required.
- ☐ Copy of **Food Protection Handlers Certification**.
- ☐ Complete the **Commissary Agreement Form** (Page 6 and 7)
- ☐ Copy of the **Commissary Kitchen Last Inspection Report** if NOT inspected by this Health Department.
- ☐ **Cottage Food Operator Permit**, if applicable.
- ☐ **Water Testing Records** (private wells only) for Commissary kitchen if on a well.

I hereby certify that the above-listed information is correct and that I am familiar with the N.J.A.C. 8:24 - CHAPTER 24 "Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations". If any changes in my operation occur, I agree to notify the Union County Office of Health Management immediately.

Mobile Establishment Owner's name (print): _____

Mobile Establishment Owner's signature: _____ Date: _____

OFFICIAL USE ONLY

APPROVED DATE: _____ EXPIRATION DATE: _____

Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at service area only)

Approval Restrictions: _____

Inspector: _____

REJECTED DATE: _____

Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at service area only)

Reasons for rejection: _____

Inspector: _____