



Board of Health
Borough of Palisades Park

275 Broad Avenue
Palisades Park, New Jersey 07650
Telephone 201-585-4105 • Fax 201-944-6748
E-mail: blulic@palisadesparknj.us

Christopher Chung
Mayor

Branka Lulic, MPA, H.O.
Health Officer/Administrator

MOBILE/TEMPORARY FOOD ESTABLISHMENT APPLICATION

- If you *serve* food to the public, you are required by NJ law to have an approval from the local health department **prior** to operating. Whether the food is sold or given away, you **must** have an approval.
- **Temporary** food establishments operate for no more than 14 consecutive days in conjunction with a single event or celebration – **FEE: \$150.00**
- **Seasonal** food establishments operate during specific months of the year – **FEE: \$300.00**
- Complete the below and submit with the fee (cash/check: *Palisades Park Health Department*).
- Applications must be received for review/approval minimum of 7 days prior to the event but will be reviewed up to 30 days from date of submission.
- Compliance with all Boro Departments/Ordinances/Approvals shall be met.

Applicant/Business Owner Information

Business Owner Name: _____

Business Owner Home Address: _____

Business Owner Phone No: _____ Email: _____

*If applicable, Contact Person (Manager, etc.):

Name: _____ Phone No. _____

Mobile Business Information

Business Legal Name (Corp/LLC): _____

Mobile Truck Trade Name (DBA): _____

Business Address: _____

Business Phone No: _____ Email: _____

Temporary Event Information:

Name: _____ Address/Location: _____

Date of Event(s): _____ Time/Days Operating: _____

Event Contact Person Name & Phone #: _____

Type of License/Fees

___ 1. Temporary (1-14 days): \$150.00 ___ 2. Seasonal (weather related): \$300.00

Type of Mobile Food Unit:

___ 1. Vehicle ___ 2. Cart ___ 3. Table-top/Stand ___ 4. Tent

Menu (submit menu)

___ 1. Cooking on site ___ 2. Ready to Eat Foods ___ 3. Pre-packaged foods only

List of Foods to be cooked/served: _____

Food Safety Training Certificates: (submit copies – required for all Risk Type 3 food service)

___ 1. Certified Food Manager ___ 2. Certified Food Handlers

NJ Sales Tax ID (submit copy of NJ Taxation Certificate)

Drivers License (submit copy)

Truck License Plate #/State: _____ **VIN #:** _____

Vehicle Registration (submit copy)

Insurance Card (submit copy)

Food Equipment:

Ensure that you have all the necessary equipment and supplies to properly cook, maintain cold/hot holding, and clean/disinfect surfaces. Bare hand contact is prohibited with Ready-to-Eat-Foods.

Food Source Information: All foods must come from a regulated wholesale/retail food establishment. Ensure proper records (receipts). Home prepared foods are NOT permitted for sale.

Please Read and Sign

I have read the above application, and by signing this application, I am certifying that the above stated information and any documents submitted in support of this application are true, complete, and accurate and that all applicable laws and regulations for the State of New Jersey and Borough of Palisades Park will be complied with. The agreement between the mobile vendor & servicing area is part of the application approval for specific days, times & location of food operations. Both parties have the obligation to notify the Health Department when servicing area, set-up, menu, or any other changes are made from the approved application. All state, local public health laws, regulations, ordinances, directives, orders, etc. shall be complied with.

X _____
Applicant Signature Date of Signature

OFFICE USE ONLY

Date Submitted: _____ Fee Amount Paid: _____ (Check No: _____ or Cash: _____)

Reviewer: _____ Date Reviewed: _____

Action Taken: Approve ___ Disapprove ___ Pending ___

Notes: _____

