



Township of Woodbridge

John E. McCormac, Mayor

Department of Health and Human Services
Environmental Division
2 George Frederick Plaza
Woodbridge, NJ 07095
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Woodbridge - Ten Towns, One Community

PROCEDURES FOR OBTAINING A HEALTH PERMIT TO OPERATE

A FOOD/BEVERAGE/DESSERT MOBILE UNIT

1. Obtain the "Base of Operations" form (attached). The required food safety and sanitation education program will be determined by your Inspector as part of your inspection process.
Note: Complete the "Base of Operations" form in the presence of a Notary, as this form must be notarized. In addition to your own participation, any other employees working the mobile unit must also complete the food handling education program and related materials.
2. Obtain a Woodbridge Township Peddlers or Transient Permit application from the Municipal Clerk's Office at Town Hall (1 Main Street, Woodbridge telephone number 732-602-6007). Call ahead to confirm what documents you may need to bring and the cost of their permit fees.
3. Bring the following to the Health Department for inspection any business day between the hours of 8:30 am to 9:30 am or 3:30 pm to 4:00 pm:
 - a. The completed "Base of Operations" notarized form.
 - b. A copy of the most recent Health Department inspection report or placard posting for your "Base of Operations" facility (this is needed **only** if the base of operations is **not** located within Woodbridge Township).
 - c. Your driver's license.
 - d. The mobile unit.
 - e. The completed food safety education program materials.

Note:

- **The mobile unit must be clean throughout.**
- **All hot holding and/or cooling units must be in operation for temperature checking.**
- **Thermometers for these units must be properly working and easily visible.**
- **An acceptable means of sanitizing must be presented.**
- **An acceptable means of hand washing must be presented.**
- **Measures to minimize or eliminate direct hand contact with food items (gloves, tongs, etc...) must be presented.**

4. Upon receiving a Satisfactory inspection rating, you must obtain a Health License (\$100.00 fee payable at the Licensing office within the Health Dept).

Note:

- **You must display your Health Department Satisfactory placard and Health Department license certificate within your mobile unit in plain view of our inspectors during our spot checks as well as the general public.**

~~New Retail Food Code – CHAPTER 24 (N.J.A.C. 8:24)~~
Sanitation in Retail Food Establishments and Food and Beverage Vending Machines

HIGHLIGHTS OF MAJOR CHANGES

8:24-1.5 Definitions

“Refrigeration temperatures” mean 41 degrees F or less except 45 degrees F or less for existing equipment. Exception expires January 2, 2012.

“Risk type 1 food establishment” – low risk

“Risk type 2 food establishment” – medium risk

“Risk type 3 food establishment” – high risk

“Risk type 4 food establishment” – specialized processes

“Safe cooking temperatures” mean 145 degrees F for fish, meat, and pork, 155 degrees F for ground meat, and 165 degrees F for poultry.

8:24-2.1 Supervision

(a) Person in charge present during all hours of operation.

(b) Person in charge must have sufficient knowledge for their operation. By January 2, 2010 at least one certified food protection manager in Risk type 3 food establishments.

8:24-2.3 Personal cleanliness

(b) Wash hands for at least 20 seconds and (c) rub hands together vigorously with soap for at least 10 seconds.

8:24-3.2 Food sources, specifications, etc.

(f)1. Refrigerated foods must be 41 degrees F or less when received, except milk and shellfish.

(f)2. Raw shell eggs must be 45 degrees F or less when received.

(f)3. Hot foods must be 135 degrees F or above when received.

(f)4. Foods labeled frozen must be received frozen.

8:24-3.3 Food protection

(a)2. No bare hand contact with exposed, ready-to-eat food.

8:24-3.4 Destruction of organisms

(a)1. i. Cooking temperature for fish, meat, and pork is 145 degrees F.

(a)1. ii. Cooking temperature for raw shell eggs and ground meat is 155 degrees F.

(a)1. iii. Cooking temperature for poultry, stuffed fish, and stuffed pasta is 165 degrees F.

(a)3. Raw or partially cooked food is allowed but only per customer order for immediate service, and not in an establishment that serves a highly susceptible population.

(d) and (e) Raw or partially cooked fish must be frozen before service or sale. Certain species of tuna exempted.

(f) Cooked, refrigerated food prepared per customer order for immediate service may be served at any temperature.

(g) Commercially processed ready-to-eat food must be cooked to 135 degrees F for hot holding.

8:24-3.5 Limitation of growth of organisms

(d) Advanced prep -- Foods must be cooled from 135 degrees F to 70 degrees F within two hours and from 70 degrees F to "refrigeration temp" within four hours.

(f) Foods must be hot held at 135 degrees F or above.

(h) Health Department approval needed for smoking, curing, or acidification as a method of food preservation.

8:24-3.7 Special requirements for Highly Susceptible Populations (HSP)

(a) No raw fish, rare meat, soft-cooked eggs, or seed sprouts can be served at establishments that serve a highly susceptible population.

8:24-4.2 Design and construction

(c) Establishments serving burgers, fish filets, etc. must have small diameter probe thermometer.

8:24-4.6 Cleaning of equipment and utensils

(f) If used with potentially hazardous food, equipment must be cleaned at least every four hours.

WOODBRIIDGE DIVISION OF HEALTH

AFFIDAVIT

MOBILE FOOD VENDOR CERTIFICATION FOR BASE OF OPERATIONS

TRADE NAME _____ TYPE OF VEHICLE _____

VEHICLE PLATE # _____ COLOR OF VEHICLE _____

OWNER'S NAME _____ DRIVER'S LICENSE # _____

OWNER'S ADDRESS _____
street city state zip code

OWNER'S PHONE NUMBER _____
home business

AFFIDAVIT - BASE OF OPERATIONS

NAME OF BASE OWNER _____
individual or corporate officer

TRADE NAME _____
(trading as)

BASE ADDRESS _____
street city state zip code

TYPE OF ESTABLISHMENT OR BUSINESS _____

I, _____, do attest and confirm that _____, trading
(print name) (vendor)

as _____,
(trade name)

is using my premises/establishment as a certified base of operations. This means that the vehicle will be cleaned and maintained upon my premises, all utensils and equipment relative to the preparation of foods will be sanitized/cleaned chemically or by hot water facilities and that all foods will be sorted and/or refrigerated upon my premises. I further verify that my establishment is operating in compliance with Chapter 24 of the New Jersey State Sanitary code and is so posted accordingly.

DATE OF DECLARATION/AFFIDAVIT _____ / _____ / _____
month day year

SIGNATURE _____ WITNESS _____

NOTARIZATION

NAME OF NOTARY _____ ADDRESS _____
print street city state zip code

Subscribed and sworn (or affirmed) to before me this _____ day of _____, 20_____.

NOTARY SEAL

/s/ _____
NOTARY PUBLIC

My Commission expires _____ / _____ / _____
month day year

if base of operations is located in a municipality other than Woodbridge Township.....LETTER OR WHITE POSTING from the applicable HEALTH AUTHORITY must be submitted with this affidavit at time of inspection of vehicle and prior to issuance of the necessary HEALTH LICENSE.

To all facility Licensees:

To better serve and communicate with you in weather and other emergencies, we are requiring the completion and return of the following form as part of the licensing of your establishment: Thank you.

For your convenience, this form can be sent via Fax to 732-855-0944 or by e-mail to healthenv@twp.woodbridge.nj.us.

PLEASE PRINT CLEARLY

Name of Establishment _____

Address (street) _____

Town and Zip Code _____

Telephone # _____ Fax # _____

Store's e-mail address _____

Owner Name _____

Owner Address _____

Owner Town and Zip Code _____

Owner Telephone # _____

Owner e-mail address _____

EMERGENCY CONTACT INFO

Please list contact information for at least two key personnel

Contact Name _____

Contact cell number _____

Contact e-mail address _____

Contact Name _____

Contact cell number _____

Contact e-mail address _____



Township of Woodbridge

John E. McCormac, CPA, Mayor

Department of Health and Human Services

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Woodbridge - Ten Towns, One Community

New Retail Food Establishment

Date: _____

Proposed Name of Establishment: _____

Address of Establishment: _____

Proposed Type of Establishment (Bakery, Pizzeria, Deli, Etc.): _____

Number of Seats: _____

Square Footage: _____

APPLICANT/OWNER INFORMATION

Owner Name: _____

Home Address: _____

City/State/Zip Code: _____

Telephone Number: Home: _____ Cell: _____

Fax Number: _____ Email Address: _____

Food Service Certification

Name of Certified Personnel	Position of Responsibility	Please list additional Certified Personnel on the back → →

Exempt from certification requirement: Yes No

By making this application, I (we) agree to comply with all the Ordinances of Woodbridge Township and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if suspended/revoked by the Health authority. ***** LICENSE NOT TRANSFERABLE*****

Signature of Owner: _____ Date: _____

Registered Environmental Health Specialist: _____ (732) 855-0600, Ext. _____

.....
For Health Dept. Use Only:

License Number Issued: _____ Class Type: _____ Date: _____

Amount: \$ _____ Cash Check # _____ Initials: _____

Cc: Licensing Department

APPLICATION FOR PEDDLERS OR SOLICITORS LICENSE
TOWNSHIP OF WOODBRIDGE, NEW JERSEY
CHAPTER 4, ARTICLE 4-2

Taking or attempting to take orders for the sale of merchandise or services of any kind for future performance or immediate delivery, whether or not the peddler or solicitor has, carries or exposes, for sale, a sample of the merchandise or services, and whether or not the peddler or solicitor is collecting advance payments for such sales or orders, conducted from a stationary location on any street or other public place, or from traveling by foot, automotive vehicle or any other type of travel, from house to house, place to place or street to street. Three (3) passport size photos must be submitted with application for each person operating under this license. **Fees: \$100.00 [non-refundable] Application Fee for the processing and investigation of this application which includes one (1) person. An additional \$50.00 Application Fee is required for each representative operating under this license; plus a License Fee of \$ 125.00 (includes one person with one automobile, vehicle or wagon.) The applicant shall also pay an additional \$50.00 License Fee for each additional representative.** (Exemptions listed at end of application). In the event this application is denied, License Fee(s) shall be refunded to applicant.

NJ SALES TAX ID # _____
(Copy of Tax ID Certificate Must Be Attached)

CHECK ONE: () NEW APPLICANT () RENEWAL FROM IMMEDIATE PRECEEDING YEAR

TYPE OF LICENSE APPLYING FOR (**CHECK ONE**): () PEDDLER () SOLICITOR

NAME OF BUSINESS: _____ d/b/a _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____ CONTACT PHONE #: _____

CONTACT PERSON: _____

DATE(S) REQUESTED: _____ COMMENCE DATE: _____ END DATE: _____

ROUTE / NEIGHBORHOOD(S) APPLICANT INTENDS TO CONDUCT PEDDLING OR SOLICITING:

NUMBER OF REPRESENTATIVES CONDUCTING ACTIVITY: ____ (Attach a copy of each individual's driver's license or, a photo identification card together with a copy of each individual's birth certificate and / or social security card. Also attach a letter from business certifying that the individuals are authorized to act as a representative of said business.)

NATURE OF GOODS / MERCHANDISE / SERVICE TO BE SOLD OR OFFERED:

HAVE YOU OR ANY REPRESENTATIVE TO BE LICENSED UNDER THIS APPLICATION EVER BEEN ARRESTED AND / OR CONVICTED OF A CRIME? **CHECK ONE:** () YES () NO

IF YOU ANSWERED YES TO THE ABOVE, EXPLAIN THE NATURE OF THE OFFENSE(S) AND INDICATE THE DATE(S) AND PLACE(S) OF OCCURRENCE: (Attach police reports and court disposition certification.)

LIST OTHER TOWNS APPLICANT HAS POSSESSED A PEDDLER OR SOLICITORS LICENSE IN THE PAST 2 YEARS.

