



# THE TOWNSHIP OF MIDDLETOWN, DEPARTMENT OF HEALTH

1 Kings Highway, Middletown, NJ 07748

(732) 615-2095

Richard DeBenedetto, REHS, Director

## MOBILE LICENSE APPLICATION

### Class A – \$300

Any food vendor that parks & operates at the location of an existing business or a park subject to appropriate approvals. **THE MOBILE UNIT MUST BE SELF-CONTAINED** (sinks, water, wastewater, power, garbage, etc.), have a base of operations and meet all aspects of N.J.A.C. 8:24.

A copy of the Certification(s) of your employees who have taken a Certified Food Handlers Training Course approved by the NJ Dept. of Health (NJDOH) along with your most recent Food Inspection Report from your base of operations must be submitted with this application. Permits must also be obtained from the Zoning Officer and Fire Prevention via separate applications.

### Class B - \$125

Any food vendor that operates along routes throughout the township borders. The mobile unit **MUST MAINTAIN MOBILITY, ONLY STOPPING TO SERVE CUSTOMERS**, after being flagged down or pulling into a facility where customers come outside. The vehicle may only stand while serving customers and must continue their route immediately after serving the last customer. **AT NO TIME WILL THE STOPPAGE BE MORE THAN 15 MINUTES.** The mobile unit must have a base of operations and meet all aspects of N.J.A.C. 8:24. A Solicitor ID Permit must also be obtained from the Middletown Township Police Dept. (\$10 fee)

A copy of the Certification(s) of your employees who have taken a Certified Food Handlers Training Course approved by the NJDOH must be submitted with this application.

\*All Middletown Health Dept. mobile food licenses and Police Dept. Solicitor Permits expire on December 31<sup>st</sup> each year.

Re-inspection Fee for CONDITIONAL or UNSATISFACTORY rates are as follows: 1 <sup>st</sup> occurrence within 2 years \$100 // 2 <sup>nd</sup> occurrence within 2 years \$200 // 3 <sup>rd</sup> occurrence within 2 years \$500
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BUSINESS NAME \_\_\_\_\_

REGISTERED BUSINESS STREET ADDRESS  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

BUSINESS EMAIL \_\_\_\_\_  
(One that is checked REGULARLY)

PHONE # \_\_\_\_\_

### ON SITE CONTACT INFORMATION (if different from above)

CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

### OFFICE USE ONLY (BELOW)

Zoning Approval Y N	Property Owner Approval Y N	Fire Notified (Date)	
Lic #	Date Issued:	Amount \$	Check #
Health Dept. Staff Initials			