



# Township of West Milford

## SERVICING AREA VERIFICATION FORM

Department of Health  
1480 Union Valley Road, West Milford, NJ 07480-1303  
(973) 728-2720 Fax: (973) 728-2847  
Health@westmilford.org

TEMPORARY or  
MOBILE UNIT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

### TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

#### SERVICING AREA BUSINESS INFORMATION

Trading Name of Servicing Area _____
Owner/Corporate Name _____
Address: _____
Last Inspection Date _____ Phone # _____

#### I PROVIDE THE FOLLOWING *FOODS* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Packaged Foods | <input type="checkbox"/> Water Supply        | <input type="checkbox"/> Prepared Hot Foods  | <input type="checkbox"/> Raw Fruits and vegetables |
| <input type="checkbox"/> Beverages      | <input type="checkbox"/> Ice for consumption | <input type="checkbox"/> Prepared Cold Foods | <input type="checkbox"/> Raw Meats and/or Seafood  |
| <input type="checkbox"/> Other: _____   |  |  |  |

#### I PROVIDE THE FOLLOWING *SERVICES* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

- |   |
|---|
| <input type="checkbox"/> Space for the mobile vendor/operator to prepare food at my servicing location  |
| <input type="checkbox"/> Space for the mobile vendor/operator to store the mobile unit at my servicing location   |
| <input type="checkbox"/> Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area   |
| <input type="checkbox"/> Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)   |
| <input type="checkbox"/> Refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc) |
| <input type="checkbox"/> Storage of non-hazardous foods, utensils & equipment   |
| <input type="checkbox"/> 3 compartment sink for wash, rinse and sanitizing of food contact surfaces   |
| <input type="checkbox"/> Trash and garbage disposal   |
| <input type="checkbox"/> Waste water disposal   |
| <input type="checkbox"/> Grease/oil disposal  |

#### THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Beginning of the day<br>Time _____ | <input type="checkbox"/> End of the day<br>Time _____ | <input type="checkbox"/> Other _____<br>Time _____ |
| <input type="checkbox"/> Monday                             | <input type="checkbox"/> Tuesday                      | <input type="checkbox"/> Wednesday                 |
| <input type="checkbox"/> Thursday                           | <input type="checkbox"/> Friday                       | <input type="checkbox"/> Saturday                  |
| <input type="checkbox"/> Sunday                             |   |  |

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a "servicing area") and that all mobile units/vehicles 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 or utensils used in this mobile operation is prohibited as per N.J.A.C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.

Servicing Area Owner/Operator (print) _____	Date _____
Servicing Area Owner/Operator (signature) _____	
Mobile Owner/Operator (print) _____	Date _____
Mobile Owner/Operator (signature) _____	