



TOWNSHIP OF

Parsippany - Troy Hills

Health Department
Carlo DiLizia, M.A. H.O.
Health Officer

1130 Knoll Road
Lake Hiawatha, New Jersey 07034
Tel: 973-263-7160
Fax: 973-299-1349

Maintain Our Ecology, Protect Your Environment

IMPORTANT NOTICE

A Mobile Food Vendor application shall be deemed incomplete, and shall not be processed by the Township of Parsippany-Troy Hills Health Department, until a completed application, necessary documents and fees are submitted. To be deemed complete, all applications shall be accompanied by the following:

- A nonrefundable fee, check or money order only, payable to the Township of Parsippany-Troy Hills. (\$500. for a Mobile Food Vendor. \$300. for a Frozen Dessert Vendor).
- Criminal background check for applicant and each proposed mobile vendor. Including fingerprint impressions taken by an approved fingerprint vendor.
- Color passport-quality photograph of each proposed mobile vendor.
- Copies of the business' articles of incorporation or certificate of formation, New Jersey business registration certificate, New Jersey certificate of authority (sales tax document).
- Proof of motor vehicle insurance if the mobile food vendor operates from a motor vehicle.
- Copy of liability insurance policy.
- Indemnification, Hold Harmless and Release Agreement.
- Letter of consent from property owner, if operating from private property.
- Commissary/Service Area Certification.
- Proof of Fire Prevention inspection, if applicable.

No Inspection Will Be Considered Or Made Until All Of The Above Documentation Has Been Submitted To The Health Department.

After Submitting the Above, The Health Department Will Review Your Application Packet. If Found To Be In Order You Will Be Contacted To Schedule An Appointment For Your Inspection To Determine Compliance With Chapter 24 (N.J.A.C. 8:24), "Sanitation In Retail Food Establishments And Food And Beverage Vending Machines" Or Other Local Health Ordinances.



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MOBILE FOOD VENDOR LICENSE APPLICATION

SECTION I: OWNER INFORMATION

Trading Name of Mobile Vendor: _____

Owner/Corporation: _____

Owner Mailing Address: _____

Owner Phone #: _____ Mobile Phone: _____ Email: _____

Contact Person: _____ Mobile Phone: _____ Email: _____

Applicant Name: _____ Applicant Mailing Address: _____

Applicant Mobile Phone #: _____ Social Security #: _____

Name, Mailing Address, and Social Security Number of all employees who may be vending:

PASSPORT-QUALITY PHOTOGRAPHS: Color passport-quality photographs of each proposed mobile vendor required. Each photograph must be two inches by two inches in size.

BACKGROUND CHECKS: The applicant and all employees shall be required to submit to a background check. Each applicant shall agree to be fingerprinted for the purpose of verifying that he/she has no criminal record. The fingerprint impressions will be taken by an approved fingerprint vendor. All fees required by the fingerprint vendor will be paid by the applicant.

SECTION II: MOBILE VEHICLE INFORMATION

A prospective applicant for a mobile vendor license must submit a description of the vehicle, its vehicle identification number, and its license plate number, with proof of ownership of the approved vehicle or pushcart and copy of a valid driver’s license of the operator of the vehicle, if applicable. Proof of insurance of each vehicle shall be required.

Type of Mobile Food Vendor:

Pushcart _____ Moveable Restaurant/Truck/Van _____ Frozen Dessert/Snacks/Confections _____

Vehicle Identification #: _____ License Plate #: _____

SECTION III: SUPPLIER & COMMISSARY/SERVICING AREA

List types of food and/or beverages sold or distributed (Attach menu, if applicable):

Please provide the source of food supplies:

NAME	ADDRESS	PHONE NUMBER

Please complete and submit the COMMISSARY/SERVICING AREA CERTIFICATION. A **commissary/servicing area** is a commercial catering establishment, restaurant, or other approved facility in which food supplies are prepared, kept, handled, packaged and/or stored. It’s an operating base location to which a mobile food vendor returns regularly for such things as vehicle and equipment cleaning, discharging liquids or solid wastes, and refilling water tanks and ice bins. **Private residences are prohibited.**

SECTION IV: DAYS, TIME, LOCATION, ROUTE

If you are operating a mobile vehicle, please list the days, times, and location for all the stops in the Township of Parsippany-Troy Hills. Please provide a list of your route below:

DAY OF WEEK	TIME	LOCATION

MOBILE FOOD VENDOR DEFINED: Anyone who operates an establishment that is a moveable restaurant, truck, or other self-contained moveable unit or pushcart in or on which food or beverage is transported, stored or prepared for retail sale or given away at temporary locations.

HOURS OF OPERATION: Mobile Food Vendors may operate from 8:00 a.m. through 10:00 p.m., year-round. Mobile Food Vendors that sell ONLY frozen desserts, frozen snacks or frozen confections are permitted to operate between the hours of 11:00 a.m. through dusk, but no later than 8:00 p.m., May through September.

LOCATION/USE OF PROPERTY: No Mobile Food Vendor shall be permitted to remain in any location for a period exceeding a total of two hours within a twenty-four (24) hour period. No Mobile Food Vendor shall remain overnight in which it operates. No Mobile Food Vendor shall be permitted to operate within three hundred (300) feet of any licensed restaurant as defined in §430-8 of the Township Code. A Mobile Food Vendor that operates on private property must have written consent of the property owner. In addition, the Mobile Food Vendor must provide a site plan, survey, or other drawing, showing the location and dimensions of the area to be utilized by the Mobile Food Vendor on the private property.

LICENSE FEE/RENEWAL INFORMATION: The license period runs from July 1st to June 30th. Applications for renewal shall be submitted with the required fee at least ten (10) days prior to the expiration date. A non-refundable license fee of \$500.00 shall be charged for Mobile Food Vendors or \$300.00 for Mobile Food Vendors that sell only frozen desserts, frozen snacks or frozen confections. Mobile Food Vendor Licenses are non-transferable. All Mobile Food Vendors which change ownership, including reincorporation, are required to be inspected by the Health Department before the new owners may begin operation.

BACKGROUND CHECK: A complete background check will be conducted by the Parsippany-Troy Hills Police Department in accordance with the Township Code Section 180-3(o), for all applicants and their employees who may be vending. No license shall be issued until a complete background check is completed.

FIRE OFFICIAL INSPECTION: If applicable, the applicant agrees to submit to an inspection by the Township Fire Official.

INSURANCE/ BUSINESS CERTIFICATES: Prior to approval, the applicant must comply with all insurance and indemnification requirements of the ordinance, including filing with the Township Health Officer copies of required insurance policies and indemnification agreement. In addition, the applicant must submit copies of the business' articles of incorporation or certificate of formation, New Jersey Business Registration Certificate, and New Jersey Certificate of Authority (sales tax document).

I understand that this Mobile Food Vendor is being licensed under the Township of Parsippany-Troy Hills Ordinance 2021:26, Chapter 24 (N.J.A.C. 8:24) of the New Jersey State Sanitary Code, and other ordinances for the municipality and statutory laws of the State of New Jersey relating to the conduct of my business.

I have read and understand all the above requirements and agree to abide by them as condition of this license.

Applicants Name (please print): _____

Signature of Applicant: _____

Title of Applicant: _____

Date: _____

Parsippany Troy-Hills Health Department
1130 Knoll Road
Lake Hiawatha, NJ 07034
Phone: 973-263-7160
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COMMISSARY/SERVICING AREA CERTIFICATION

APPLICANT INFORMATION

Services provided at commissary (Check all that apply)

- Refrigerated storage of potentially hazardous and perishable food
- Storage of non-potentially hazardous and perishable food
- Three-compartment sink or commercial dishwasher for washing and sanitizing multi-use equipment and utensils
- Food preparation area
- Trash disposal
- Portable water supply
- Waste water disposal

COMMISSARY INFORMATION

Name of Commissary: _____
Location: _____ Municipality: _____
Mailing Address: _____ Date of Last Inspection: _____

I hereby certify that the information listed above, provided to the Parsippany Troy-Hills Health Department, is accurate. I also understand that the home preparation and storage of food is prohibited, and the cleaning of equipment or utensils used in this proposed food facility is not conducted in a private residence as per N.J.A.C. 8:24-3.2. I agree to notify the Parsippany Troy-Hills Health Department immediately, if there are any changes in my operation or the status of my commissary.

Applicant Name: (Print) _____
Signature: _____ Date: _____
Owner/Operator of Commissary: (Print) _____
Signature: _____ Date: _____

Indemnification, Hold Harmless and Release

This Indemnification, Hold Harmless and Release (this "Indemnification") is given in favor of the Township of Parsippany-Troy Hills, a political subdivision of the State of New Jersey having an address of 1001 Parsippany Boulevard, Parsippany, New Jersey 07054 (the "Township"), by:

Name: _____ (the "Licensee")

Address: _____

Responsible Person (if entity): _____

Telephone: _____

Email: _____

In consideration of the Township's issuance of a Mobile Food Vendor License pursuant to Township Code § 180-1, et seq., Licensee hereby agrees to indemnify, hold and save harmless the Township, including its officials, officers, employees, agents, attorneys, assigns and volunteers from and against any and all liability, claims, suits, losses, judgments, costs (including reasonable attorney's fees) and damages arising out of or in any way related to Licensee's activities, operations, acts or omissions, including claims and suits by third parties. Licensee further agrees to release the Township from any and all present, past and future claims. Licensee shall defend any and all such claims against the Township at its sole cost and expense with counsel reasonably acceptable to the Township which may, at its own cost, appoint counsel of its choice to represent its interests in any claim.

Upon execution of this Indemnification, Licensee shall provide to the Township a Certificate of Insurance evidencing general commercial liability insurance, including coverages for bodily injury and property damage, at limits of coverage not less than \$1,000,000 per occurrence / \$3,000,000 aggregate.

By Signing Below, Licensee Acknowledges and Understands That As A Condition Of Receiving A Mobile Food Vendor License It Is Required To Indemnify And Hold The Township Harmless From All Claims, Including Claims By Third Parties. Licensee Further Agrees and Shall Release The Township From Any And All Present, Past And Future Claims.

Attest:

Licensee: _____

Authorized Signature: _____

Print Name and Title: _____