



**TOWN OF NEWTON**  
**39 TRINITY STREET, NEWTON, NJ 07860**

## **FOOD TRUCK CHECKLIST**

All of the below mandatory requirements must be completed and submitted for your application to be considered.

- Complete and submit a Food Truck Permit application along with the fee of \$200 – check made out to the Town of Newton.
- Permit to Operate a Retail Food Establishment form. \$50 fee – check made out to the Town of Newton.
- Signed Hold Harmless agreement.
- The applicant/owner of the Food Truck is required to submit to fingerprinting through Indentogo by MorphoTrust USA, please stop by the Newton Police Department first to obtain your Contributor's Case number.
- Fire Safety Permit Application approval – obtained from the Sussex County Fire Marshal. There is an annual fee – submit payment directly to the Sussex County Fire Marshal.
- Board of Health – Food Plan and Septic Review – Form A. Fees to be paid directly to the Sussex County Board of Health.
- Board of Health approval – Mobile Food Vehicle Certification – Form C.
- Provide a copy of your Satisfactory Certificate – issued by the Sussex County Board of Health.
- Provide a copy of your Safe Server Certificate – issued by the Sussex County Board of Health.
- Copy of your Certificate of Insurance.
- Proof of New Jersey Business Registration.
- Events on private property must have permission from the property owner.
- Events on designated Town of Newton properties require written approval from the Town Manager 1. Pine Street Park, 2. Memory Park, 3. Newton Town Pool, 4. Newton Park-n-Ride.

#GoNewtonNJ





**TOWN OF NEWTON**  
**39 TRINITY STREET, NEWTON, NJ 07860**

\_\_\_\_\_ **INITIAL**

\_\_\_\_\_ **RENEWAL**

**Date:** \_\_\_\_\_

**APPLICATION FOR FOOD TRUCK PERMIT**

Food Truck Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Type of Food Truck (check one):

- Self-Sufficient Vehicle or Trailer    Vehicle or Trailer is not Self-Sufficient    Push Cart

The undersigned has read and understands the provisions of the Town Ordinance regulating food trucks and understands the requirements of these ordinances must be met.

\_\_\_\_\_  
Applicant's Signature  
(Owner) or Officer (if Corp.)

-----  
**FOR OFFICE USE ONLY:**

Fire Marshall Approval Date: \_\_\_\_\_

Hold Harmless Agreement

Board of Health Approval Date: \_\_\_\_\_

Certificate of Insurance

Accepted by: \_\_\_\_\_

**\$200.00 Fee:**  Cash  Check/Number \_\_\_\_\_

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date Approved



**TOWN OF NEWTON**  
**39 TRINITY STREET, NEWTON, NJ 07860**

**APPLICATION FOR PERMIT TO OPERATE A RETAIL FOODHANDLING ESTABLISHMENT**

Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business: Phone No. \_\_\_\_\_ Cell No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

What foods to be prepared or processed: \_\_\_\_\_

No. of Food-handlers: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

**All designated food service managers must complete a food handlers course. Please ensure all employees are trained and certificate is attached.**

Date Course Completed: \_\_\_\_\_

The undersigned has read and understands the provisions of the Town Ordinance regulating food handlers and retail food handling establishments and understands the requirements of these Ordinances must be met.

\_\_\_\_\_  
Applicant's Signature  
(Owner) or Officer (if Corp.)

**FOR BOARD OF HEALTH USE ONLY:**

Recommendation: ( ) Approved ( ) Disapproved

Reasons for disapproval: \_\_\_\_\_

**Fee: Food Handling Establishment Less than 5,000 sq. ft. - \$50.00**       Cash  Check/Number \_\_\_\_\_

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date Inspected



# TOWN OF NEWTON

## Waiver, Release and Hold Harmless Agreement

The Contractor and its subcontractors acknowledge and agree that they are solely responsible to maintain sufficient insurance, including but not limited to general liability and worker's compensation insurance at all times while they are providing goods and/or services to or for the benefit of the Town of Newton, including but not limited to while they are at any facilities that the Town of Newton owns or controls (referred in this document as "Contractor's Work"). Any decision to not maintain insurance or to maintain insufficient insurance shall be at Contractor and/or its subcontractor's sole peril. The Contractor and its subcontractors and each of their employees, officers, owners, shareholders, members, officers and/or partners (collectively referred to in this document as "Contractor") hereby waive, release and forever discharge the Town of Newton its governing body members, managers, employees, officers, agents, (collectively referred to in this document as "Town of Newton") from any and all liability, causes of action, claims or demands, arising in law or equity, of any kind incurred by Contractor, including but not limited to personal injury, death and/or property damage, while performing Contractor's Work.

The Contractor shall save and hold harmless and defend the Town of Newton from all losses, costs, fees, claims, lawsuits, expenses, damages and/or liability from any bodily injury (including death), actual or alleged, to any person or entity; including but not limited to, any employee of the Town of Newton or the Contractor or its subcontractors, including any third party and damage to property (including, but not limited to, the property of the Town of Newton or its employees or of the Contractor and its subcontractors or its employees, or of any subcontractor of the Contractor, and including the property of any third party), actual or alleged, if such bodily injury or property damage results, directly or indirectly from the performance of any contract or agreement between the Town of Newton and Contractor, and whether or not such bodily injury or property damage is caused by the acts or omissions, negligent or otherwise, of the Contractor and agents or employees or of any subcontractor of the Contractor and its subcontractors, or the Town of Newton, its officers, agents, or employees. Contractor's obligation under this document shall include paying all reasonable attorney's fees and costs of suit incurred by the Town of Newton.

\_\_\_\_\_  
Name of Food Truck

\_\_\_\_\_  
Contractor/Company Name – Please Print

\_\_\_\_\_  
Authorized Contractor/Contractor – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town of Newton Representative – Print Name

\_\_\_\_\_  
Authorized Town of Newton Representative - Signature

\_\_\_\_\_  
Date

*\*\*\*\*This contract can be incorporated into an agreement or serve as an independent contract if signed by all parties\*\*\*\**

(1) Originating Agency Number (ORI #) <b>NJ0191500</b>		(2) Category <b>LOX</b>		(3) Statute Number <b>13:59-1</b>	
(4) Reason for Fingerprinting <b>LOCAL ORDINANCE - SERVICE CODE 2F17ZY</b>			(5) Document Type <b>S1</b>		(6) Payment Information
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous FOOD TRUCK		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) [ ] Female [ ] Male [ ] Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) [ A ] Asian/ Pacific Islander (includes Asian Indian) [ B ] Black [ I ] American Indian / Alaska Native [ W ] White ( Includes Hispanic/ Spanish Origin) [ U ] Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip
<p><b>Identification Requirement</b> - Acceptable Identification must be presented at the <u>time of printing</u>. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).</p>					

**Please READ This Form Carefully:**

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.66) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.66) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: <b>NEWTON PD</b>		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**



# Sussex County Sheriff's Office

## OFFICE OF THE FIRE MARSHAL & FIRE COORDINATORS

135 Morris Turnpike, Newton, NJ 07860 • Phone: 973-579-0380 • Fax: 973.948.0960

**Virgil R. Rome, Jr.**, Fire Marshal/Fire Coordinator

## Fire Safety Permit Application

Pursuant to the provisions of New Jersey's Uniform Fire Code [N.J.A.C. 5:70-2.7(a)], permits shall be required and obtained from the local enforcement agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which the use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the fire official.

**Application Date:**

### APPLICANT INFORMATION

Applicant Name

Applicant Address

Town

State

Zip Code

Business Name

Telephone Number

Email

Emergency Number

### ACTIVITY/LOCATION INFORMATION

Location where activity will occur:

Municipality:

Block

Lot

Date(s)/Time of Activity

Permit Type:

The above named applicant hereby requests permission to conduct the following activity at the above indicated location:

And/or for the keeping, storage, occupancy, use, sale, handling or manufacturing of the following:

State quantities and methods for each category of material to be stored or used:

### CERTIFICATION

**I hereby certify that I have read this application, that all statements and information submitted are true and that I am the owner or duly authorized to act on the owner's behalf and as such agree to comply with the requirements of the New Jersey Uniform Fire Code as well as any specific conditions imposed by the Fire Official.**

Signature

Print Name and Title

Date

OFFICIAL USE ONLY--DO NOT WRITE BELOW THIS LINE

Registration #:

Fee: \$ 0

Permit Type:

\_\_\_\_\_  
*Virgil R. Rome, Jr., Fire Marshal*

Visit us online at [www.sussexcountysheriff.com](http://www.sussexcountysheriff.com)

**§ 5:70-2.7 Permits required**

- (a) Permits shall be required and obtained from the local enforcement agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which the use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the fire official.
1. Type 4 permits shall not be required when the storage or activity is incidental or auxiliary to the agricultural use of a farm property.
  2. In a public or private K-12 educational building, or in a camp accommodating six or more children of school age, when such uses are registered as life hazard uses, no permit shall be required for activities which are consistent with the designed and intended use of the building or premises or part thereof.
  3. **Type 1 permit:**
    - i. Bonfires;
    - ii. The use of a torch or flame-producing device to remove paint from, or seal membrane roofs on, any building or structure;
    - iii. The occasional use of any non-residential occupancy other than Use Groups F, H or S for group overnight stays of persons over 2 1/2 years of age, in accordance with section F-709.0 of the Fire Prevention Code;
    - iv. Individual portable kiosks or displays when erected in a covered mall for a period of less than 90 days, and when not covered by a Type 2 permit;
    - v. The use of any open flame or flame-producing device, in connection with any public gathering, for purposes of entertainment, amusement, or recreation;
    - vi. Welding or cutting operations except where the welding or cutting is performed in areas approved for welding by the fire official and is registered as a type B life hazard use;
    - vii. The possession or use of explosives or blasting agents, other than model rocketry engines regulated under N.J.A.C. 12:194;
    - viii. The use of any open flame or flame-producing device in connection with the training of non-fire service personnel in fire suppression or extinguishment procedures;
    - ix. The occasional use in any building of a multipurpose room, with a maximum permitted occupancy of 100 or more for amusement, entertainment or mercantile type purposes.
    - x. The storage or handling of class I flammable liquids in closed containers of aggregate amounts of more than 10 gallons, but not more than 660 gallons inside a building, or more than 60 gallons, but not more than 660 gallons outside a building.
    - xi. The storage or handling of class II or IIIA combustible liquids in closed containers of aggregate amounts of more than 25 gallons, but not more than 660 gallons inside a building, or more than 60 gallons, but not more than 660 gallons outside a building.
    - xii. Any permanent cooking operation that requires a suppression system in accordance with N.J.A.C. 5:70-4.7(g) and is not defined as a life hazard use in accordance with N.J.A.C. 5:70-2.4.
    - xiii. The use as a place of public assembly, for a total of not more than 15 days in a calendar year, of a building classified as a commercial farm building under the Uniform Construction Code.
    - xiv. The temporary use of any building or portion thereof as a special amusement building for a total of not more than 15 days in a calendar year.
      - (1) Use of a building or portion thereof as a special amusement building for a longer period shall require the issuance of a certificate of occupancy, pursuant to the Uniform Construction Code (N.J.A.C. 5:23), for the new use.
      - (2) Permits issued pursuant to this section shall require compliance with the requirements for special amusement buildings at N.J.A.C. 5:70-4.16.
    - xv. The erection, operation, or maintenance of any tent, tensioned membrane structure, or canopy, excluding those used for recreational camping purposes, that meets the criteria in (a)3xv(1) or (2) below shall require a Type 1 permit. Tents, tensioned membrane structures, or canopies greater than 16,800 square feet in area and greater than 140 feet in any dimension, whether one unit or composed of multiple units; remaining in place for more than 180 days; used or occupied between December 1 and March 31; having a permanent anchoring system or foundation; or containing platforms or bleachers greater than 11 feet in height shall be subject to the permitting requirements of the Uniform Construction Code (N.J.A.C. 5:23-2.14).
      - (1) The tent, tensioned membrane structure, or canopy is greater than 900 square feet and more than 30 feet in any dimension whether it is one unit or composed of multiple units, but 16,800 square feet or less in area and 140 feet or less in any dimension, whether it is one unit or composed of multiple units.
      - (2) The tent, tensioned membrane structure, or canopy contains platforms or bleachers 11 feet or less in height;
    - xvi. The erection, operation, or maintenance of any outdoor combustible maze shall require a Type 1 permit if the outdoor combustible maze is less than six feet in height and does not contain electrical equipment. Outdoor combustible mazes that are six feet or greater in height or contain electrical equipment shall be subject to the permitting requirements of N.J.A.C. 5:23-2.14.
      - (1) For the purposes of applying this requirement, an outdoor combustible maze is an attraction that lacks a roof and is designed to disorient patrons, reduce vision, present barriers, or otherwise impede the flow of traffic and does not consist solely of living rooted plants such as corn stalks or trees, but includes mazes created from plants that have been cut and attached to an object to support them.
        - (A) Mazes consisting solely of living, rooted plants, such as corn stalks or trees, may be repaired using cut, replacement plants that are otherwise the same as those of which the maze is created without the need for a permit.
        - (B) No permit shall be required for mazes up to 42 inches in height created of bales of hay or straw.
  4. **Type 2 permit:**
    - i. Bowling lane resurfacing and bowling pin refinishing involving the use and application of flammable liquids or materials;
    - ii. Fumigation or thermal insecticide fogging;
    - iii. Carnivals and circuses employing mobile enclosed structures used for human occupancy;
    - iv. The use of a covered mall in any of the following manners:
      - (1) Placing or constructing temporary kiosks, display booths, concession equipment or the like in more than 25 percent of the common area of the mall;
      - (2) Temporarily using the mall as a place of assembly;
      - (3) Using open flame or flame devices;

**Sussex County Sheriff's Office:**

**FIRE SAFETY PERMIT APPLICATION**

New Jersey Uniform Fire Code—N.J.A.C. 5:70-2.7

- (4) Displaying liquid or gas fuel powered equipment; or
  - (5) Using liquefied petroleum gas, liquefied natural gas or compressed flammable gas in containers exceeding five pound capacity.
  - v. Storage outside of buildings of LP-gas cylinders when a part of a cylinder exchange program.
- 5. Type 3 permit:**
- i. Industrial processing ovens or furnaces operating at approximately atmospheric pressures and temperatures not exceeding 1,400 degrees Fahrenheit which are heated with oil or gas fuel or which contain flammable vapors from the product being processed;
  - ii. Wrecking yards, junk yards, outdoor used tire storage, waste material handling plants, and outside storage of forest products not otherwise classified; or
  - iii. The storage or discharging of fireworks.
- 6. Type 4 permit:**
- i. Storage or use at normal temperature and pressure of more than 2,000 cubic feet of flammable compressed gas or 6,000 cubic feet of nonflammable compressed gas;
  - ii. The production or sale of cryogenic liquids; the storage or use of more than 10 gallons of liquid oxygen, flammable cryogenic liquids or cryogenic oxidizers; or the storage of more than 500 gallons of nonflammable, non-toxic cryogenic liquids;
  - iii. The storage, handling, and processing of flammable, combustible, and unstable liquids in closed containers and portable tanks in aggregate amounts of more than 660 gallons;
  - iv. To store or handle (except medicines, beverages, foodstuffs, cosmetics, and other common consumer items, when packaged according to commonly accepted practices):
    - (1) More than 55 gallons of corrosive liquids;
    - (2) More than 500 pounds of oxidizing materials;
    - (3) More than 10 pounds of organic peroxides;
    - (4) More than 500 pounds of nitromethane;
    - (5) More than 1,000 pounds of ammonium nitrate;
    - (6) More than one microcurie of radium not contained in a sealed source;
    - (7) More than one millicurie of radium or other radiation material in a sealed source or sources;
    - (8) Any amount of radioactive material for which a specific license from the Nuclear Regulatory Commission is required; or
    - (9) More than 10 pounds of flammable solids.
  - v. The melting, casting, heat treating, machining or grinding of more than 10 pounds of magnesium per working day.
- 7. Type 5 permit:**
- i. (Reserved)
- (b) Application for a permit required by this Code shall be made to the fire official in such form and detail as the fire official shall prescribe. Applications for permits shall be accompanied by plans or drawings as required by the fire official for evaluation of the application.
- (c) Before a permit is issued, the fire official or the fire official's designated representative shall make or cause to be made such inspections or tests as necessary to assure that the use and activity for which application is made complies with the provisions of this Code.
- (d) A permit shall constitute permission to maintain, store or handle materials, or to conduct processes which produce conditions hazardous to life or property, or to install equipment used in connection with such activities in accordance with the provisions of this Code. Such permissions shall not be construed as authority to violate, cancel or set aside any of the provisions of this Code.
- (e) Plans approved by the fire official are approved with the intent they comply in all respects to this Code. Any omission or error on the plans does not relieve the applicant of complying with all applicable requirements of this Code.
- (f) The fire official may revoke a permit or approval issued under the provisions of this Code if upon inspection any violation of the Code exists, or if conditions of a permit have been violated, or if there has been any false statement or misrepresentation as to material fact in the application, data or plans on which the permit or approval was based.
- (g) A permit shall remain in effect until revoked, or for one year unless a shorter period of time is otherwise specified. Permits shall not be transferable and any change in use, operation or tenancy shall require a new permit.
1. Exceptions:
- i. A type 1 permit for welding or cutting shall be effective throughout the local enforcing agency's jurisdiction and shall be issued on an annual basis;
  - ii. A Type 1 permit for use of a commercial farm building as a place of public assembly shall be issued for each event; and
  - iii. A Type 1 permit for group overnight stays shall be required for each non-consecutive overnight stay.
  - iv. A Type I permit for the temporary use of any building as a special amusement building shall be issued for each event.
- (h) Any permit issued shall become invalid if the authorized work or activity is not commenced within six months after issuance of the permit, or if the authorized work or activity is suspended or abandoned for a period of six months after the time of commencement.
- (i) A permit shall not be issued until the designated fees have been paid.
1. There shall be no fee for a permit required by this subchapter if a municipality has by ordinance established a periodic inspection and fee schedule for a use substantially similar to the permit requirement.
- (j) No permit(s) shall be issued for a carnival, as defined in N.J.A.C. 5:70-1.5, if the carnival has not been registered in accordance with N.J.A.C. 5:70-2.22.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Health  
201 Wheatsworth Road  
Hamburg, New Jersey 07419  
Telephone: (973) 579-0370  
FAX: (973) 579-0399

JAMES R. MCDONALD III, M.S.  
*Acting Director*

## County of Sussex

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### **Proposed New Food Establishment, Change of Ownership, Change of Use, Expansion or Renovation**

Dear Applicant(s);

It has come to the attention of this Department that you are planning to (open a new food establishment, take over operation of an existing retail food establishment, change the use of an existing retail food establishment, expand or renovate an existing retail food establishment – N.J.A.C. 8:24). Please be advised, that whenever the above-listed actions are planned, you are required to provide plans and specifications pertaining to the health and sanitary aspects of the operation, such as proposed equipment layout, equipment design and installation, construction materials of food related work areas, type of operation, foods to be prepared or sold, sewage disposal and potable water. This information shall be submitted to the health authority (Sussex County Department of Health) for review and approval **before** construction, renovation or conversion is begun.

The health authority shall review these plans and respond accordingly within thirty (30) days of the date of submission (N.J.A.C. 8-24 Subchapter 9). Enclosed is an application form to be filled out and submitted with your layout design and required fee. No retail food establishment shall be constructed, renovated or converted except in accordance with plans and specifications previously submitted to and approved by the health and construction authorities.

A representative of the Department of Health shall inspect the retail food establishment **prior** to the start of operation, to determine compliance with Chapter 24 Sanitation in Retail Food Establishments & Food & Beverage Vending machines.

Please contact the Municipality in which your establishment is located to obtain a food license.

If you have any questions regarding this matter, please contact this office.



## APPLICATION FOOD PLAN AND SEPTIC REVIEW

Date: \_\_\_\_\_ Municipality: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

New \_\_\_\_\_ Remodel \_\_\_\_\_ Change of Ownership \_\_\_\_\_ Expanded Use \_\_\_\_\_

Trade Name \_\_\_\_\_ Owner/Operator \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Applicants Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Title (Owner, Manager, etc) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Total Square Feet of Facility \_\_\_\_\_ # of Seats \_\_\_\_\_

***Please enclose the following documents:***

- (N.J.A.C. 8:24) Plan drawn to scale of food establishment showing location of equipment, plumbing electrical services & mechanical ventilation (attachments pg 4&5).

FEE- made payable to the "County of Sussex" Check one below:

Food establishments

- |   |                   |
|---|-------------------|
| <input type="checkbox"/> Dry goods and Prepackaged ready to eat foods only.                                       | Type 1 = \$100.00 |
| <input type="checkbox"/> Limited menu, cook and serve, 2 or less items going through the cook-cool-reheat process | Type 2 = \$150.00 |
| <input type="checkbox"/> Full menu, More than 2 items being cooked, cooled and reheated                           | Type 3 = \$200.00 |
| <input type="checkbox"/> Specialized Processing. (Sushi, Pickling, Smoking, Drying)                               | Type 4 = \$300.00 |
| <input type="checkbox"/> Plan Revision or Change of Ownership with no major operational changes                   | \$75.00           |

Mobile Vehicle Vendor

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Dry goods and pre-packaged ready to eat foods only. | Type 1 = \$100.00   |
| <input type="checkbox"/> Food preparation                                    | Type 2&3 = \$150.00 |

- Equipment schedule / Spec sheets
- Proposed Menu
- Specifications to include finish schedule for each room including floors, walls & ceiling. Separate food preparation sinks when the menu dictates.
- (N.J.A.C. 8:24-5.1) Source of water supply (well water bacteria analyses report if applicable).  
If connected to a public water system, provide copy of a bill or proof of water connection.
- (N.J.A.C. 824-5.4) Method of sewage disposal. If property is served by an individual sewage disposal system, include engineer's certification that system is suitably sized and in conformance with current regulations (attachment pg. 6).  
If connected to a public sewer, provide copy of a bill or proof of sewer connection.

Should the Division of Health determine after review that this is an expansion or change of use, an engineers drawing of all sewage system components and location is required (see attachment pg. 6 "expansion or change of use, commercial properties")

**NOTE – Failure to comply with the above requirements could result in delay or denial.**

### FOOD PREPARATION REVIEW

**Check categories of potentially hazardous foods to be handled, prepared and served:**

	Yes	No
Deli meats, poultry, fish, eggs	<input type="checkbox"/>	<input type="checkbox"/>
Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
Hot processed foods (soup, stew, rice, noodles, gravy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Bakery goods (pies, custards, cream fillings, toppings)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

#### WATER SUPPLY (WELL ONLY)

PSWID# \_\_\_\_\_ DATE OF LAST WATER TEST \_\_\_\_\_

**PROVIDE COPY OF LAST WATER TEST RESULT (TOTAL COLIFORM RESULTS)**

NUMBER OF CUSTOMERS PER DAY \_\_\_\_\_ NUMBER OF SEATS \_\_\_\_\_

**WATER SAMPLE MUST BE TAKEN FROM ESTABLISHMENT APPLYING FOR APPROVAL  
WITHIN ONE WEEK OF PROPOSED OPENING DATE BY A STATE CERTIFIED  
LABORATORY**

#### **Dry Goods Storage**

Is appropriate dry goods storage space provided for based upon menu, meals & frequency of deliveries? (Yes or No)  
(circle)

**Owner or Authorized Representative:** \_\_\_\_\_

**Print**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

## CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Provide plans that are a minimum of 11" x 14" in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans. Architectural drawings required for new construction. (Two copies of the plans are required)

Include: proposed menu, seating capacity, and projected daily meal volume for food service operations

Show the location and when requested, the height and specs of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.

Designate clearly on the plan, equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

Label and locate separate food preparation sinks when the menu dictates, to preclude contamination and cross-contamination of raw and ready-to-eat foods.

Clearly designate adequate hand washing lavatories for toilet room(s) and in the **immediate area** of food preparation.

Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

On the plan represent auxiliary areas such as, storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms.

### **Include and provide specifications for:**

- A. Entrances, exits, loading/unloading areas and loading docks;
- B. List complete type of finished surfaces for each room including floors, walls, ceilings and covered juncture bases;
- C. Provide plumbing layout including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste-water line connections;
- D. Lighting schedule with protectors;
  1. At least (10 foot candles) at a distance of 30" above the floor; in walk-in refrigerator units and dry food storage areas and in other areas and rooms during periods of cleaning
  2. At least (20 foot candles):
    - a. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
    - b. Inside equipment such as reach-in and under counter refrigerators;
    - c. At a distance of 30" above the floor in areas used for hand washing, and equipment and utensil storage, and in toilet rooms; and

3. At least (50 foot candles) at a surface where an employee is working with food or working with utensils ware washing or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- E. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable). What is refrigerator and freezer capacity?
- F. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that State and Local regulations are complied with (see attached);
- G. Describe flow pattern for:
  - Food (receiving, storage, preparation, service);
  - Food and dishes (portioning, transport, service);
  - Dishes (clean, soiled, cleaning, storage);
  - Utensil (storage, use, cleaning);
  - Trash and garbage (service area, holding, storage);
- H. Ventilation schedule for each room and electrical services;
- I. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- J. Garbage can washing area/facility;
- K. Outside garbage and recycling storage containers and location.
- L. Cabinets for storing toxic chemicals;
- M. Dressing rooms, locker areas, employee rest areas/toilet, and/or coat rack as required;
- N. Hours of operations, number of staff, number of floors on which operation conducted;
- O. Site plan (show business, alleys, streets, location of outside equipment).

**Note: Approval of these plans and specifications by this Health Authority does not indicate compliance with any other codes, law or regulations that may be required – federal, state or local (building and fire department). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection with equipment in place and operational, will be necessary to determine compliance with the State & Local laws governing food service establishments.**

If you have any questions concerning this application, please call 973-579-0370.

The Application Fee Schedule is attached and the fee shall be submitted with the completed application. Checks are payable to the County of Sussex.

Sussex County Department of Health and Human Services  
Division of Health  
201 Wheatsworth Road  
Hamburg, NJ 07419

## **EXPANSION OR CHANGE OF USE, COMMERCIAL PROPERTIES**

Prior to granting approval or issuing a local building permit for a proposed expansion or change in use to a commercial property, many Municipal Construction Officials and Local land use boards may require an approval letter from the Sussex County Division of Health (SCDH).

For the SCDH to grant an approval letter, a review of your commercial property, the existing individual subsurface sewage disposal system and the proposed expansion or change of use is necessary and required pursuant to N.J.A.C. 7:9A-3.3(b) – Existing Systems Expansions.

Please submit the following:

1. A cover letter with your name, physical address, mailing address, municipality, block, lot, telephone number and a brief description of the proposed expansion or change in use. Description must include type of use, number of employees, number of patrons and the hours of operation.
2. Two copies of a floor plan showing all floors and the entire existing structure and the proposed expansion/change of use. The floor plan may be a professional architectural drawing or hand drawn on graph paper. All rooms must be identified by name and include overall dimensions.
3. A survey of the property from a Professional Land Surveyor, showing the existing structure, well and all components of the individual subsurface sewage disposal system (only if the SCDH does not have a copy of a permit on file).
4. A certification from a Professional Engineer, which indicates the existing individual subsurface sewage disposal system is in conformance with N.J.A.C. 7:9A-1 et seq. and is appropriately sized to handle the proposed expansion or change of use. Engineer must also state that the existing individual subsurface sewage disposal system is not in malfunction.

To determine if the SCDH has permit records on file, please write or fax the office and request a file search. On your written request please provide your name, phone number, municipality, block and lot. The SCDH will review files and will respond back to you within five business days.

Depending on the proposed expansion or change of use, the SCDH may request additional information that is applicable to your situation (see N.J.A.C. 7:9-7.4(c)). Should you have any questions regarding the above, do not hesitate to call this office at (973) 579-0370.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Division of Health  
 201 Wheatworth Road  
 Hamburg, New Jersey 07419  
 Telephone: (973) 579-0370  
 FAX: (973) 579-0399

JAMES R. MCDONALD III, M.S.  
 Acting Division Head

County of Sussex

MOBILE FOOD VEHICLE CERTIFICATION

Form C

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES

**OPERATOR:**

Mobile Unit Vehicle License (State \_\_\_\_\_) (No. \_\_\_\_\_)

Mobile Unit Vehicle Operator's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email address \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Home No. \_\_\_\_\_

\_\_\_\_\_  
 Operator Signature

\_\_\_\_\_  
 Date

**CERTIFICATION: BASE OF OPERATION/SERVICE AREA**

In (we) certify that our (Retail)(Wholesale) establishment will be used as a **BASE OF OPERATION AND SERVICE AREA** for the above listed Mobile Unit, and it will report daily for all food supplies, all daily cleaning, vehicle storage and servicing operation in compliance with all State and Local Sanitary requirements.

Name of Establishment: \_\_\_\_\_

Certifying Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

County of Sussex is an Equal Opportunity Employer