



DEPARTMENT OF ENVIRONMENTAL AND PUBLIC HEALTH SERVICES
Sussex County Administrative Center
One Spring Street
Newton, New Jersey 07860
Telephone: (973) 579-0370
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HERBERT J YARDLEY, M.A., R.E.H.S
Administrator/Health Officer

County of Sussex

MOBILE FOOD CERTIFICATION

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES

OPERATOR:

Mobile Unit Vehicle License No. (State _____) (No. _____)

Mobile Unit Vehicle Operator' Name: _____

Business Name: _____ 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: _____

Phone No. _____ Fax No. _____

Signature Date

Sworn and subscribed before me this _____ day of _____ AD20 _____

STATE OF NEW JERSEY
COUNTY OF _____ ss _____
(NOTARY PUBLIC)

SEAL AND STAMP