



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health
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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