

**ATTACHMENT 6**

**SUBMIT TO:  
Burlington County Health Department  
15 Pioneer Boulevard, P.O. Box 6000  
Westampton, NJ 08060  
Phone: 609-265-5521/ Fax: 609-265-5541**

**APPLICATION FOR MOBILE/TEMPORARY FOOD SERVICE FACILITY**

TYPE OF FACILITY: \_\_\_\_\_ MOBILE: \_\_\_\_\_ TEMPORARY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_

FACILITY INFORMATION: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME, ADDRESS, AND TELEPHONE NUMBER OF AUTHORIZED AGENT (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF EVENT (if applicable): \_\_\_\_\_

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

COMMISSARY/BASE OF OPERATIONS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**(Include a letter from an approved facility stating that it has given you permission to use its facility as a commissary, base of operations, or servicing area)**

MENU INFORMATION (provide a copy of the menu or list food and drink items below):

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HAND-WASHING METHOD: \_\_\_\_\_

**SOURCE OF FOOD/DRINK  
(HOME PREPARATION AND STORAGE OF FOOD IS PROHIBITED)**

ON-SITE (describe how food is prepared on-site):

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PRE-PACKAGED: \_\_\_\_\_

COMMERCIALY PREPARED (list where food is commercially prepared):

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METHOD OF WASHING/ RINSING/ SANITIZING UTENSILS AND EQUIPMENT:

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METHODS TO MAINTAIN PROPER FOOD TEMPERATURES (use stem type indicating thermometers to monitor temperatures):

HOT: \_\_\_\_\_ COLD: \_\_\_\_\_

METHODS TO PROTECT FOOD WHILE ON DISPLAY (eg, types of covering, sneeze guards, cabinets, etc.):

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**\*\*A FLOOR PLAN SHOWING DIMENSIONS OF FACILITIES, IDENTIFICATION, AND PLACEMENT OF EQUIPMENT ITEMS AND AVAILABLE TOILET FACILITIES SHALL BE ATTACHED. INCLUDE A LIST OF BUILDING MATERIALS FOR FLOORS, WALLS, AND CEILINGS.**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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