

**CITY OF PATERSON
DEPARTMENT OF HEALTH & HUMAN
SERVICES**

Oshin Castillo, Director

DIVISION OF HEALTH
Thakur "Paul" D. Persaud, M.D., M.P.H., PhD
Health Officer



Environmental Dept.
176 BROADWAY
PATERSON, NEW JERSEY 07505

OFFICE: (973) 321-1277
FAX: (973) 321-1500

New

Renew

Other

FOOD VENDING VEHICLE CHECK LIST

Trading Name _____ **Date** _____

- Copy of New Jersey Certificate of Authority for mobile vendor/ company (sales tax document)
- Copy of Driver License. (regardless of push cart, etc.)
- Copy of Vehicle Registration (for all mobile units using street licensed vehicles)
- Copy of City of Paterson Food Handlers Certificate
- Copy of Food Protection Manager Certification, if required
- Copy of Last Inspection Report for Commissary if NOT inspected by THIS Health Department
- Copy of Criminal Background Check
- Copy of Finger Prints
- License Fee Cooking \$440 _____ Pre- Packaged \$390 _____
- Additional Driver/Operator fee \$50 _____
- Late fee \$25 x _____ per month Total Due: _____

Appointment for inspection:

Tuesday: _____ Time: _____

Thursday: _____ Time: _____

Application processed by: _____ **Date:** _____

Appointment for picture ID: _____ **Date:** _____

Vending Vehicle Name: _____ **License Plate #** _____

License # _____

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OFFICE: (973) 321-1277
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FOOD VENDING VEHICLES

FOOD VENDING VEHICLE BUSINESS INFORMATION

Trading Name of Mobile Vendor: _____

Owner/ Corporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (if different): _____

Home Phone #: _____ Cell #: _____ Fax #: _____

Email: _____

Contact Person: _____ Phone #: _____ Cell #: _____

Email: _____

Operator _____ Address _____ Phone _____

TYPE OF FOOD VENDING VEHICLE (CHECK ALL THAT APPLY)

Push Cart Tabletop / Tent Food Prep Vehicle Trailer Refrigerated vehicle Other

<p>Sanitation / Personal Hygiene</p> <p><input type="checkbox"/> Hot / Cold Running Water</p> <p><input type="checkbox"/> Freshwater Container ___gals</p> <p><input type="checkbox"/> Wastewater Container ___gals</p> <p><input type="checkbox"/> Hand Sink w Warm Running Water</p> <p><input type="checkbox"/> Insulated Container w Free Flow Spout</p> <p><input type="checkbox"/> 3 Compartment Sink w Hot/Cold Running Water</p> <p><input type="checkbox"/> Buckets / Spray Bottles w sanitizer</p> <p><input type="checkbox"/> Gloves ___ Paper Towels ___ Soap</p>	<p>Other Equipment</p> <p><input type="checkbox"/> Trash Container</p> <p><input type="checkbox"/> Sneeze Guards</p> <p><input type="checkbox"/> Extra Utensils</p> <p><input type="checkbox"/> Covered Containers</p> <p><input type="checkbox"/> Foil / Plastic Wrap</p> <p><input type="checkbox"/> Thermometers</p> <p><input type="checkbox"/> Sanitizer test kit</p> <p><input type="checkbox"/> Other _____</p>
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Food Vending Vehicle: Includes all vehicles and carts from which food and foodstuffs are offered for retail sale or delivery to consumers or other persons on the public sidewalks, streets and highways, also including all peddlers within the scope of Chapter 367, Article II, entitled "Ice Cream Peddlers".

Additional Driver/ Operator: A driver or operator of the food vending vehicle other than the owner.

Push Cart: Any non-motorized cart or such that is transported by human means be from an approved source and approved for use by the Paterson Division of Health or his/her designee prior to issuance of license.

**CITY OF PATERSON DIVISION OF HEALTH, 176 BROADWAY, PATERSON, NJ 07505
(973) 321-1277 x 2756 & 2762**

TO BE COMPLETED BY SOFT SERVE ICE CREAM TRUCKS, CALIFORNIA STYLE TRUCKS & FULL COOKING TRUCKS

FOOD VENDING VEHICLE NAME: _____

Date: _____

Servicing Area Business Information	
Trading Name Of Servicing Area: _____	Sales Tax Id# _____
Owner/Corporation Name: _____	
Address: _____	
Last Inspection Date: _____	Phone #: _____

I/WE PROVIDE THE FOLLOWING FOODS FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Packaged Foods	<input type="checkbox"/> Water	<input type="checkbox"/> Prepared Hot Foods	<input type="checkbox"/> Raw Fruits & Vegetables
<input type="checkbox"/> Beverages	<input type="checkbox"/> Ice for Consumption	<input type="checkbox"/> Prepared Cold Foods Raw Meats and / or Seafood	
<input type="checkbox"/> Ice Cream/ Italian Ices <input type="checkbox"/> Other: _____			

I/WE PROVIDE THE FOLLOWING SERVICES FOR THIS FOOD VENDING VEHICLE (CHECK ALL THAT APPLY)

<input type="checkbox"/> Space for the mobile vendor/operator to prepare food at my servicing location
<input type="checkbox"/> Space for the mobile vendor/operator to store the mobile unit at my servicing location
<input type="checkbox"/> Utility service (i.e. electric hook up, etc.) for mobile unit while in storage at servicing area
<input type="checkbox"/> Refrigerated storage of potentially hazardous foods (raw fruits & vegetables, etc.)
<input type="checkbox"/> Refrigerated storage of potentially hazardous foods (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds, or sprouts, cut melons and / or peeled cut fruit , non-acidified garlic and oil mixtures, etc.)
<input type="checkbox"/> Storage of non-hazardous foods, utensils, & equipment
<input type="checkbox"/> 3 compartment sink for washing, rinsing, & sanitizing of food contact surfaces
<input type="checkbox"/> Trash & garbage disposal
<input type="checkbox"/> Waste water disposal
<input type="checkbox"/> Grease/oil disposal

THE FOOD VENDING VEHICLE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY)

<input type="checkbox"/> Beginning of the day	<input type="checkbox"/> End of the day	<input type="checkbox"/> Other _____
Time: _____	Time: _____	Time: _____
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

I hereby testify that I am familiar with the NJ State law (N. J. A. C. 8:24) requiring that all mobile retail establishments operate from an approved base location (otherwise known as a "servicing area") and that all mobile units/vehicles return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. And I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited as per N. J. A. C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines, and possible license forfeiture. If any charges in my operation occur, I agree to notify the Health Department immediately

Servicing Area Owner/Operator (print) _____	Date: _____
Servicing Area Owner/Operator (signature) _____	
Food Vending Vehicle Owner/Operator (print) _____	Date: _____
Food Vending Vehicle Owner/Operator (signature) _____	

**CITY OF PATERSON DIVISION OF HEALTH 176 BROADWAY PATERSON, NJ 07505
(973) 321-1277 x 2756 & 2762**

FOOD VENDING VEHICLE NAME: _____

Date: _____

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

- Copy of New Jersey Certificate of Authority** for mobile vendor/ company (sales tax document)
- Copy of Driver License.(regardless of push cart, etc.)**
- Copy of Vehicle Registration** (for all mobile units using street licensed vehicles)
- Floor Plan:** sketch/layout/photo diagram of operation showing all equipment workspaces, restrooms, etc.
- Copy of City Of Paterson Food Handlers Certificate**
- Copy of Food Protection Manager Certification**, if required
- Copy of Servicing Area Last Inspection Report** if NOT inspected by THIS Health Department
- Proof of citizenship or legal residency in the United States**

THE BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED DATE: _____ **Expiration Date:** _____

Classified Risk Type: Risk 1 Risk 2 Risk 3

Approval Restriction(s): _____

Supervisor: _____ Approval Effective Date: _____

DISAPPROVED DATE: _____

Classified Risk Type: Risk 1 Risk 2 Risk 3

Reasons: _____

Supervisor: _____

LICENSE FEE AND LATE FEE

FOOD VENDING VEHICLE COOKING: \$440.00
FOOD VENDING VEHICLE PRE-PACKAGE : \$390.00
FEE FOR ADDITIONAL DRIVER/ OPERATOR: \$50
LATE FEE: \$25.00 PER MONTH (After January 31st of any given year)

All Food Vending Vehicles must come into compliance with all Paterson Division of Health requirements by March 31st, every year.

All licenses expire December 31st of every year.

Make checks or money orders payable to the City of Paterson.

Operator: _____ Operator signature _____

Food Vending Vehicle Owner name: _____

Owner signature: _____ Date: _____

(1) Originating Agency Number (ORI #) NJPRR0000		(2) Category PRX		(3) Statute Number 13:59-1	
(4) Reason for Fingerprinting PERSONAL RECORD REQUEST			(5) Document Type S1	(6) Payment Information \$40.66	
(7) Contributor's Case # (Unique Identifier) PRR			(8) Miscellaneous FORM "A"		
(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) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (Includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement) Employer Address City State Zip			
Identification Requirement - 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).					

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. 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:		

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

IDG_NJAPP_020115_V2

