

CITY OF PATERSON
DEPARTMENT OF HEALTH & HUMAN
SERVICES

Joel D. Ramirez, MBA. *Director*



André Sayegh
Mayor

ENVIRONMENTAL DEPT.
176 BROADWAY
PATERSON, NEW JERSEY 07505

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

OFFICE: (973) 321-1277
FAX: (973) 321-1248

- New
- Renew
- Other

2025 FOOD VENDING VEHICLE APPLICATION

Trading Name _____ Date _____

Owners Name _____ Phone # _____

- New Jersey Certificate of Authority for mobile vendor/ company (sales tax document)
- Driver License/ Proof of citizenship or legal residency in the US
- Vehicle Registration (for all mobile units using street licensed vehicles)
- City of Paterson Food Handlers Certificate / Manager Certification
- Fire Department Inspection required if cooking
- Last Inspection Report for Commissary (if not inspected by Health Department)
- Copy of Criminal Background Check letter (via Identogo)
- License Fee: Cooking \$440 Pre- Packaged \$390
- Additional Driver/Operator fee \$50 _____ Late fee \$25 x _____ per month

Payment Type : _____

Total Amount Paid: _____

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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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)

| | |
|---|---|
| <input type="checkbox"/> Push Cart <input type="checkbox"/> Tabletop / Tent <input type="checkbox"/> Food Prep Vehicle <input type="checkbox"/> Trailer <input type="checkbox"/> Refrigerated vehicle <input type="checkbox"/> Other | |
| <p><u>Sanitation / Personal Hygiene</u></p> <input type="checkbox"/> Hot / Cold Running Water <input type="checkbox"/> Freshwater Container ___gals <input type="checkbox"/> Wastewater Container ___gals <input type="checkbox"/> Hand Sink w/HOT Running Water <input type="checkbox"/> Insulated Container w/Free Flow Spout <input type="checkbox"/> 3 Compartment Sink w/Hot/Cold Running Water <input type="checkbox"/> Buckets / Spray Bottles w sanitizer <input type="checkbox"/> Gloves ___ Paper Towels ___ Soap | <p><u>Other Equipment</u></p> <input type="checkbox"/> Trash Container <input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Extra Utensils <input type="checkbox"/> Covered Containers <input type="checkbox"/> Foil / Plastic Wrap <input type="checkbox"/> Thermometers <input type="checkbox"/> Sanitizer test kit <input type="checkbox"/> Other _____ |

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**

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 Time: _____ | <input type="checkbox"/> End of the day Time: _____ | <input type="checkbox"/> Other _____ 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

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..... \$50.00
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 _____

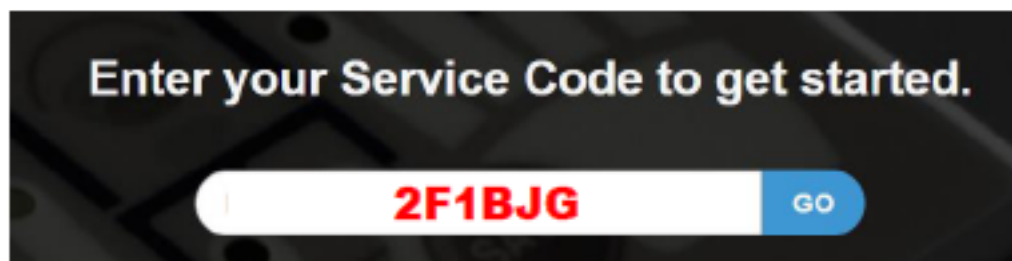
Owner signature _____ Date _____

IdentoGO Fingerprints

Website:

<https://uenroll.identogo.com>

Enter Code: 2F1BJG below

A screenshot of a website interface. At the top, it says "Enter your Service Code to get started." Below this is a white input field containing the text "2F1BJG" in red. To the right of the input field is a blue button with the word "GO" in white.

Click on

Schedule or Manage Appointment

Schedule an in-person appointment or change an existing appointment.

Enter your information

Contributor Case Number

Enter PRR

Continue your Information