Submittal Date: _____
Approved Date: _____

Atlantic City Health Department
1301 Bacharach Boulevard, City Hall, Suite 403
Atlantic City, NJ 08401
609-347-5671/ Email: achd.foodprotection@acnj.gov

MOBILE RETAIL FOOD APPLICATION AMENDMENT

This application is to be used by vendors who have received full prior approval from a Health Department and plans on participating in a special event

MOBILE VENDOR BUSINESS AND EVENT INFORMATION

Trading Name of Mobile Unit _____
Owner/Corporation _____ Street Address _____
Mail Address _____ City _____ State _____ Zip _____
Contact Person Name _____
Home Phone# _____ Cell# _____ Fax# _____
Email _____

Approval Date of Last Full Application _____
County/Municipal Health Agency Issuing the Approval _____

Temporary Event Information
Name of Event _____
Dates and Time of Event _____
Event Contact Person _____ Phone# _____

CHECK THE ITEMS BELOW WHICH HAVE NOT CHANGED:

☐ My **set-up** has not changed from my original approved application.
NOTE: If the set-up has changed, page one of the original application must be modified and submitted for approval.

☐ My **menu** has not changed from my original approved application.
NOTE: If the menu has changed, page two of the original application must be modified and submitted for approval.

☐ My **servicing area** has not changed from my original approved application.
NOTE: If the servicing area has changed, page three of the original application must be modified and submitted for approval.

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a "servicing area") and that all mobile units/vehicles return to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. 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 and is subject to penalties, fines and possible license forfeiture. AND, I hereby certify that the above listed information is correct.

Mobile Owner/Operator (print) _____ Date _____
Mobile Owner/Operator (signature) _____