



# City of Rahway

## Department of Health

One City Hall Plaza  
Rahway, NJ 07065

Phone (732) 827-2085  
Fax 732)381-7668  
Health@cityofrahway.com

Please print  
clearly.

## Annual Mobile Food Truck Inspection Application

**Fee: \$100.00 Payable to City of Rahway by Check or Money Order Only  
(After March 1 a \$300.00 fee will apply)**

### You must provide the following:

- Current Retail Food License from Base of Operation
- Current Inspection Report and/or "Satisfactory Placard"
- Commissary Agreement if Kitchen is NOT OWNED
- Food Safety Certification

**HOME PREPARED FOODS AND/OR FOOD PREPARED IN AN UNLICENSED AND UNINSPECTED FACILITY  
IS NOT PERMITTED TO BE SOLD TO THE PUBLIC (N.J.AC. 8:24-2.1C & 3.2-A-2)**

Name of Business/Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Contact E-Mail: \_\_\_\_\_

Location where the truck will be located during business hours (Location stated must be approved by  
City Clerk's Office): \_\_\_\_\_

Location where the truck will be located after business hours: \_\_\_\_\_

Food to be Prepared on Site: \_\_\_\_\_

Additional Food Items to be Served: \_\_\_\_\_

Where will Food Be Purchased: \_\_\_\_\_

How will Perishable Food be Kept Below 41°F: \_\_\_\_\_

How will Hot Food Be Kept Above 135°F: \_\_\_\_\_

How will Service Utensils Be Cleaned and Sanitized: \_\_\_\_\_

**EQUIPMENT AND/OR MOBILE TRUCK MUST BE IN CLEAN AND SANITARY CONDITION PRIOR TO  
INSPECTION**

Where will Utensils & Condiments Be placed for Public: \_\_\_\_\_

The Type of Hand Washing Facility Used: \_\_\_\_\_

How/Where will Trash, Recycling & Wastewater be Kept: \_\_\_\_\_

Health inspection is conducted annually and valid through December 31<sup>st</sup>. Pursuant to City Code § 311-37, food vehicles failing the health inspection may undergo a reinspection at any time. For the first reinspection, which must occur within 30 days of the initial inspection, there will be no additional fee charged. However, please be aware that if you require a third inspection at any point, a fee of \$100 will be applicable.

**Applicant signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Official Use Only**

**Date Approved:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_



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### COMMISSARY AGREEMENT

#### Section 1 – To be completed by the APPLICANT

Business Name: \_\_\_\_\_

Owner / Operator Name: \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Best contact phone number \_\_\_\_\_ Email address: \_\_\_\_\_

I hereby certify that I am familiar with the N.J.A.C. 8:24 - CHAPTER 24 “Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations” requiring that all temporary mobile retail food establishments operate from an approved base location (otherwise known as a “Commissary kitchen”) and that all temporary mobile retail food establishments (trucks, table set-ups, trailers, and others) 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 and utensils used in that mobile operation is prohibited as per N.J.A.C. 8:24 and is subject to penalties, fines, and possible license forfeiture. If any changes in my operation occur, I agree to notify the Rahway Health Department immediately.

Mobile Establishment Owner’s name (print): \_\_\_\_\_

Mobile Establishment Owner’s signature: \_\_\_\_\_ Date \_\_\_\_\_

#### Section 2- To be completed by COMMISSARY OWNER / OPERATOR

Commissary Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Owner / Operator Name: \_\_\_\_\_ Owner best contact number: \_\_\_\_\_

End date of this contract \_\_\_\_\_

Check all appropriate services provided:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Wastewater disposal              | <input type="checkbox"/> Food preparation area           | <input type="checkbox"/> Refrigeration equipment   |
| <input type="checkbox"/> Portable water                   | <input type="checkbox"/> Electrical hookups              | <input type="checkbox"/> Food storage facilities   |
| <input type="checkbox"/> Disposal of rubbish & garbage    | <input type="checkbox"/> Toilet & handwashing facilities | <input type="checkbox"/> Mop sink                  |
| <input type="checkbox"/> Hot / cold water for vehicle     | <input type="checkbox"/> 3-Compartment sink              | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Grease/oil disposal              | <input type="checkbox"/> Utensils / Equipment Storage    |  |
| <input type="checkbox"/> Other services not listed: _____ |  |  |



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I hereby certify that the information I have provided is current, true, and correct to the best of my knowledge and meets the N.J.A.C 8:24 CHAPTER 24 "Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations" requirements.

If the food facility operator fails to comply with the conditions of this contract, or if this contract is modified or canceled, the commissary owner shall notify the Rahway Health Department immediately.

Commissary Kitchen Owner's name (print): \_\_\_\_\_

Commissary Kitchen Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***If the commissary kitchen is not inspected by the Rahway Health Department, you shall provide the commissary's last Inspection Report along with this agreement.***

**Note: If this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.**

**\*This Commissary Agreement shall be effective for no longer than one year.**