



I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*COMPLETE BOTH SIDES**

**FOOD SUPPLY INFORMATION:** Provide food supplier information for PREPARED FOOD not prepared on the Mobile Food Unit or at the Temporary Event on site. Information must be provided for each food item if more than one food establishment provides prepared food. Attach extra information if needed.

Business Name of the Prepared Food Supplier: \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMMISSARY/SERVICING AREA INFORMATION**

1. Do you operate from a commissary on a daily basis? \_\_\_\_YES \_\_\_\_NO

If no, explain: \_\_\_\_\_

2. Do you report back to the commissary at the end of the day for all cleaning, servicing operations and waste disposal? \_\_\_\_YES \_\_\_\_NO

If no, explain: \_\_\_\_\_

3. Is this commissary inspected by the Ewing Township Health Department? \_\_\_\_YES \_\_\_\_NO

4. If no, please provide a copy of a recent inspection report for the commissary.

Name of regulatory agency that inspects the commissary: \_\_\_\_\_

Business Name or Commissary Owners Name: \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

The above Commissary is used for the following:

\_\_\_\_ Food      \_\_\_\_ Water      \_\_\_\_ Supplies

\_\_\_\_ Cleaning of equipment/utensils

\_\_\_\_ Storage of vendor unit

\_\_\_\_ Waste disposal

\_\_\_\_ Repairs of vendor unit

**Note: COPY OF COMMISSARY AND/OR INSPECTION REPORTS MUST BE AVAILABLE FOR HEALTH DEPARTMENT REVIEW.**

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

**Signature of Commissary Owner/Operator:**

\_\_\_\_\_