

Solicitor's Permit Application



2298 Route 33, Robbinsville, NJ 08691
(609) 259-3600 ext. 1108

Instructions:

1. File this form in the Municipal Clerk's Office
2. Submit 2 recent photos taken within last 3 mos. approximately 2-1/2" x 2-1/2"
3. Submit application fee of \$100.00
4. Attach a copy of your Driver's license to the application
5. Fingerprinting shall be required of applicants who will operate on public property;
 You must contact the Robbinsville Township Detective Bureau at 609-259-3900 to obtain a contribution case number for IdentGO to get fingerprinted for this permit. There is an additional fee through IdentGO for fingerprinting. **Once fingerprinted contact the Robbinsville Township Detective Bureau as they will need to conduct a background investigation to complete your application.** Once the Detective Bureau completes your application it will be forward to the Clerk's Office. **Applicants operating solely on private property shall not be subject to fingerprinting.**
6. Food/Ice Cream/Lunch Trucks will be subject to permitting through the Health and/or Fire Departments and will pay additional fees for these permits.
7. Applications are forwarded to the police department and Zoning Office for investigation and approval and may take 6-8 weeks to process.

Applicant Name (First, Middle, Last)		Home/Cell Phone:		
Address		City	State	Zip
Social Security No.	Date of Birth	Sex	Height	Hair/Eye Color
Name of Organization		Tax ID #		
Name of Person in Charge of Organization/Solicitation if other than applicant:		Business Phone:		
Business Address		City	State	Zip
Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Color	Plate #
Driver's License No.		Vin#		
Dates and Hours solicitation will be conducted:				

Places where solicitation will take place within the Township:
What types of goods or merchandise will you be soliciting? (Food, Art, Chairs, Flyers for Restaurant, Etc.)
Have you ever been convicted of a crime, misdemeanor, or violation of any Municipal Ordinance? If yes, state date and place of each conviction; nature of the offense; punishment or penalty imposed:
List of other locations where solicitation was conducted within the past 6 months
If goods being sold are manufactured or produced, where are products located?
What advertising will be done in conjunction with solicitation activities? (i.e. handbills, circulars, flyers, newspaper ads. Please provide a copy of advertisement with application if available).

Applicant certifies that all statements made on this form are true and correct to the best of his/her knowledge. Applicant further certifies that he/she has not been the defendant or subject of any action successfully prosecuted by any agency of any government in New Jersey.

Date: _____ Signed: _____

FOR OFFICIAL USE OF ROBBINSVILLE TOWNSHIP:		
Police Recommendations: Date: _____	Approved: _____	Denied: _____
Reason for Denial: _____		Signature Police Chief: _____
Zoning Approval _____	Health Approval _____	Fire Approval _____
Municipal Clerk's Approval _____	Permit # _____	Issue Date _____



ROBBINSVILLE TOWNSHIP POLICE DEPARTMENT

Non-Criminal Justice Fingerprinting

The New Jersey State Police Applicant Live Scan Fingerprinting vendor (IDEMIA, formerly MORPHO Trust USA) has transitioned to a new enrollment system and website for scheduling non-criminal justice fingerprinting based criminal history background checks.

All applicants are directed to IDEMIA's new website at <https://uenroll.identogo.com/>

A unique service code that corresponds to the specific reason for being fingerprinted will replace that traditional Identogo Universal Fingerprinting Form (UFF). Applicants will no longer be required to provide the form at IDEMIA's Identogo fingerprinting locations. In place of the previous Universal Fingerprinting Form, each applicant will use the uniquely assigned service codes on a web based Universal Enrollment Platform (UEP) scheduling system.

IDEMIA has assigned the below service codes for each unique combination of agency and applicant type. The following list of service codes will replace the existing Universal Fingerprinting Forms. In order to schedule an appointment using the new Universal Enrollment Platform, all applicants are directed to IDEMIA's new website, listed above. Applicants shall utilize the appropriate service code:

Service Codes:

- 2F164B Firearms Licensing, 2C:58-1 thru 4.1
- 2F17ZY Local Ordinance, 13:59-1
- 2BZZQK Alcohol Beverage License, 33:1-25
- 2F1B77 Paid or part time firemen, 40A:14-9
- 2F1HSX Volunteer, 13:59-1

Applicants must utilize their law enforcement agency's Originating Agency Identification (ORI) number and obtain an incident (CAD) number from the police department.

Robbinsville Township Police Department ORI Number: NJ0111200

Robbinsville Township Police Department Contribution Case Number: _____

06/02/2025



ROBBINSVILLE TOWNSHIP FIRE DEPARTMENT

Brian F. Johnson
Fire Official

1149 Route 130
Robbinsville, NJ 08691
Office: (609) 259-7814 x110
Mobile: (609) 977-9818
Fax: (609) 259-3869
bjohnson@robbinsville.net

APPLICATION FOR PERMIT

The Uniform Fire Code states:

“Permits shall be required, and obtained from the local enforcing agency for the activities for the activities specified in this section, except where they are the integral part of a processor activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the Fire Official.”

[N.J.A.C. 5:70-2.7(a)]

Date of application: _____
Location where activity will occur: _____
Date of event: _____ Time(s): _____
Applicant Name: _____ Address: _____
Organization Name: _____
Phone #: _____ Emerg. #: _____
Block/Lot: _____ Registration #: _____
Email address: _____

The above named applicant hereby requests permission to conduct the following activity at the above indicated location at the above indicated date(s):

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

(State quantities for each category to be stored, or used and the method stored or used:)

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the Fire Official.

Applicant Signature

Fire Official Signature

Vehicle License Plate # (Food Vehicle)

Fee Amount

Permit Type

TOWNSHIP OF ROBBINSVILLE

Cooking At Community Events

FIRE CODE REQUIREMENTS FOR FOOD VENDORS

Dear Food Vendor:

Please see the enclosed rules and regulations regarding fire extinguishers. The fire extinguisher requirement and additional requirements below will be enforced by our Fire Department on the day of the event.

PLEASE NOTE:

- If you are deep frying, you will need a special "K" class fire extinguisher plus a 10lb. ABC extinguisher. All other cooking requires at least a 10lb. ABC fire extinguisher.
- If you are in an enclosed trailer, you will need to have a current fire suppression system in the trailer plus the "K" extinguisher and a hood system.
- Kitchen hoods in the trailer need to be clean and also inspected and they should have the 6-month inspection paperwork showing no issues available on site. A permanent structure such as a trailer is treated like a small restaurant and needs to follow the same regulations.
- All propane tanks need to be secured and a leak test will be completed prior to cooking.
- Cooking under tents is not permitted unless consent is given by the Fire Department. All tents must have current flame resistance treatments. Paperwork must be presented for tent Flame resistance.

IF YOU FAIL ANY OF THE ABOVE REQUIREMENTS, YOU WILL NOT BE PERMITTED TO COOK AND PARTICIPATE AT THE EVENT. NO REFUNDS WILL BE ISSUED.

If you have any questions about the above requirements, please call Fire Official Brian Johnson, Robbinsville Fire Dept., at (609) 259-7814 x 4103

Please sign below to acknowledge receipt of the requirements and submit it with your application. You must sign this document in order to participate in the festival.

As a representative of this organization I, (Print Name) _____ agree to abide by these terms, conditions and rules.

Signature _____

Date _____

TOWNSHIP OF ROBBINSVILLE BOARD OF HEALTH

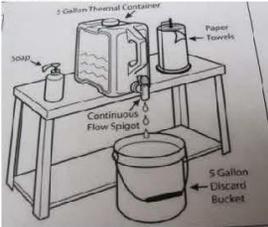
66 SHARON ROAD
Robbinsville, NJ 08691
Licensing: 609-259-3600 Ext 1145
Health Dept: 609-936-8400

2025 REQUIREMENTS FOR TEMPORARY FOOD LICENSES

The Robbinsville Health Department licenses and inspects all temporary and mobile food handlers for compliance with Chapter 24, (N.J.A.C.8:24). Please review the following guidelines.

1. Completed applications must be received at least thirty (30) days prior to the date(s) of the event. Submissions received within 7 days of the event are assessed a late fee of \$35.00.
2. Plan your menu carefully. The preparation of *potentially hazardous foods* (any food items which consist in whole or in part of milk or milk products, eggs, meat, poultry, rice, fish, shellfish or edible crustacean) is strictly regulated by the New Jersey State Sanitary Code and may be prohibited, if deemed necessary. All potentially hazardous foods must be maintained at safe temperatures.
3. Safe *cooking* temperatures for *potentially hazardous foods* are as follows: 130°F for rare steak or roasts; 145°F for fish, meat, pork and game animals; 155°F for ground meat/fish, injected meats or pooled raw shell eggs; 165°F for poultry; stuffed fish/meat/or pasta.
4. Safe *holding* temperatures for *potentially hazardous foods* are as follows: 41°F and below for cold holding and 135°F and above for hot holding.
5. Indicating thermometers are required to monitor safe temperatures of *potentially hazardous foods and must be onsite*. A thin-tipped probe thermometer (range from 0-220°F) is needed for thin meats.
6. Foods must be protected from contamination while being stored, prepared, displayed or served. All food must be kept covered when on display or behind a sneeze guard. Overhead protection is needed for exposed food prep areas.
7. Gloves or utensils must be used to eliminate bare hand contact with all foods.
8. Sternos and steam tables may NOT be used for reheating.
9. Condiments shall be provided in squeeze-type containers or single service packets.
10. Ice must be from an approved source. Ice from a home on a private well is prohibited.
11. Handwashing facilities are required and should consist of dispensed water, hand cleaning liquid in a pump dispenser and individual, disposable paper towels. Handwash stations must be set-up upon arrival, prior to any food preparation or service.
 - Risk Type 2 and 3 must have a handwash station.
 - Risk Type 1 may use containers with pre-moistened towelettes.
12. A “wash, rinse and sanitize station” shall be provided for utensils, pans, and equipment used onsite. An approved means of sanitization is 1/3 cup of bleach per 5 gallons of warm water.
13. Dust and/or mud control may be necessary for the ground surface of the food preparation area.
14. Licensee is responsible to secure a fire safety permit from the Robbinsville Fire Department prior to use of an open flame or grill cooking. Contact the Fire Department at 609-259-7814.
15. **All applicants must designate a licensed Base of Operation and provide a copy of the most recent inspection results. (examples: Satisfactory inspection placard, report, license to operate) Additional documentation may be requested.**

REQUIREMENTS FOR A TEMPORARY FOOD EVENT DO YOU HAVE?

<p>HAND WASH STATION AND → Risk 2 & 3</p>  <p>Hand Sanitizers do not replace the requirements for a temporary hand washing station</p>	<p>HAND WIPES Risk 1,2 & 3</p> 
<p>FOOD MONITORING THERMOMETERS Do you need a Thin Probe Thermometer?</p>  <p>A thin probe thermometer is needed to monitor thin foods (ex. meat patties and fish fillets)</p>	<p>REFRIGERATION THERMOMETERS</p> 
<p>SANITIZER: BLEACH OR QUATS</p>  	<p>TEST STRIPS Do the test strips match your sanitizer?</p> 

TOWNSHIP OF ROBBINSVILLE

APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT LICENSE

NAME AND LOCATION OF TEMPORARY EVENT			
SCHEDULED DATES OF TEMPORARY EVENT		TO	
OPERATIONAL HOURS OF TEMPORARY EVENT		TO	
SPONSOR OF THE TEMPORARY EVENT			
PHONE #		FAX #	
NAME OF TEMPORARY FOOD FACILITY			
NAME OF OWNER/OPERATOR OF TEMPORARY FOOD FACILITY			
OWNER/OPERATOR'S MAILING ADDRESS			
OWNER/OPERATOR PHONE #		FAX #	
PERSON IN CHARGE OF FOOD HANDLING			
BASE OF OPERATION:		(Location of food preparation and storage prior to the event)	
LAST INSPECTION:		HEALTH DEPT:	
PLEASE CIRCLE RATING OF INSPECTION:		Satisfactory	Conditionally Satisfactory
THIS APPLICATION IS NON-REFUNDABLE AND NOT TRANSFERABLE BETWEEN EVENTS			
FEES:			
TAX EXEMPT NUMBER (IF APPLICABLE)			
Monday through Sunday-----\$35.00			
Late fee for applications completed within 7 days of the event-----\$35.00; Total Due \$70.00			
<p>The undersigned has read the attached Health Department requirements for Temporary Food Licenses. The undersigned agrees to operate the aforementioned food establishment in accordance with all applicable state and local laws and regulations.</p> <p><i>This license shall be deemed invalid if the licensee fails to receive and maintain any additional required approvals from the Robbinsville Township Zoning Officer, Fire Official and the Office of the Clerk.</i></p>			
Signature:		Date:	
Print Name:			
For Office Use Only: Interview conducted with		On	
License # issued:			

TEMPORARY FOOD EVENT QUESTIONNAIRE

Menu item Describe in detail	Quantity	Served Hot or cold	Equipment used onsite	Arrive at event Hot, cold, or frozen
Indicate Sources	Ice			Potable Water

<ul style="list-style-type: none"> ▪ List of Sources(s) where food will be brought from and purchased: 	
<ul style="list-style-type: none"> ▪ Will food preparation be conducted off-site of the event? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ If yes, where will the foods be prepared? (NOTE: FOODS CANNOT BE PREPARED AT HOME) 	
<ul style="list-style-type: none"> ▪ How are food temperatures maintained during transport? 	
<ul style="list-style-type: none"> ▪ How will potentially hazardous hot foods be held at 135°F and above? 	
<ul style="list-style-type: none"> ▪ # of units: 	Steam Table Sterno Grill Other
<ul style="list-style-type: none"> ▪ Will a refrigerated truck be used for cold food storage? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ How will potentially hazardous cold food be kept at 41°F or below? 	
<ul style="list-style-type: none"> ▪ # of units: 	Refrigerator Freezer Ice Chest Other
<ul style="list-style-type: none"> ▪ What materials will be used for overhead protection? 	
<ul style="list-style-type: none"> ▪ What equipment will be used to protect food on display? 	<input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Covers <input type="checkbox"/> Other-please describe
<ul style="list-style-type: none"> ▪ How will wastewater be disposed of from your food facility operation? _ 	

Provide a sketch below of the proposed layout including all key food equipment. Locations the following: handwash station, three-basin utensil wash set-up, food prep, storage and display areas.



REMINDERS!

- THERMOMETERS! Place them in cooler, refrigerators, and hot boxes. Stem-type indicating thermometers must be available!
- Food and money should be handled by separate personnel.
- Hair restraints (hair nets or baseball-type caps) are needed for foodhandlers.
- Foodhandlers may not smoke or eat while engaged in food handling.
- Food must be stored off the floor/ground.
- Exposed lighting must be protected from breakage.
- Electrical cords must be properly located to prevent tripping hazards.
- Grills, fryers and hot equipment should be located where the public can not easily gain access in order to prevent burn accidents.

**TOWNSHIP OF ROBBINSVILLE BOARD OF HEALTH
 LICENSE APPLICATION
 MOBILE (ITINERANT) FOOD HANDLING**

APPLICANTS MUST COMPLETE ALL 3 PAGES OF THE APPLICATION.

Trade Name:		Fee: \$50.00
Submittal Date:	/ /	License Plate #:
Owner:		
Mailing Address:		
City:	State:	Zip:
Mobile Phone:	Fax:	Other:
Email:		
Contact Person:	Phone:	
Commissary/Base of Operation:		
Address:		
City:	State:	Zip:
Inspection Date of Base:		
Licensing Agency:		
Nonprofit organizations duly incorporated under Title 15 of the New Jersey Statues are exempt from fees.		
New Jersey State Tax I.D #:		
<u>Owner Certification</u>		
The undersigned agrees to operate this food establishment in accordance with N.J.A.C. 8:24 and all applicable state and local regulations.		
I certify that this mobile food unit returns daily to the base of operation/commissary for vehicle and equipment cleaning, discharging liquid or solid waste, refilling water tanks, ice bins and food stocks. I also understand that the home preparation or storage of food, or the cleaning of equipment or utensils used in this mobile unit is prohibited by law and subject to penalties, fines and revocation of licensure.		
This license shall be deemed invalid if the licensee fails to receive and maintain any additional required approvals from the Robbinsville Township Zoning Officer, Fire Official and the Office of the Clerk.		
Signature:		Date:
Print Name:		
FOR OFFICE USE ONLY:	License # Issued:	

COMPETED APPLICATIONS, FEES AND SUPPORTING DOCUMENTS SHALL BE RETURNED TO:
 ROBBINSVILLE TOWNSHIP
 ATTENTION: BOARD OF HEALTH
 2298 ROUTE 33 ROBBINSVILLE, NJ 08691

Application Page 2
Mobile (Itinerant) Food Handler Data Form

Indicate how the unit will operate. Fixed locations Multiple sites daily

Locations of Operations	Dates	Hours	Zoning Approval

Person in Charge: _____ Number of employees in the food prep area: _____

Location of employee restroom. _____

List provisions for disposal of trash and liquid waste. _____

Menu Item	Location of preparation	Daily Quantity

Circle items below provided within the mobile unit.

Hot/Cold Water Hand Sink Prep Sink 3 Basin Sink Sanitizer/Test Strips Gloves

Indicating thermometer Thin-probe thermometer Food-grade hoses Protective light covers

Refrigeration Units Freezers Hot Holding Units Bain-marie Coolers Grill/Griddle Oven Range

Fryers Hood Microwave Work List additional cooking equipment: _____

Are coolers used to store potentially hazardous foods? Yes NO

Application Page 3
Mobile (Itinerant) Food Handler Floor Plan

The following items must be attached to your application:

- A copy of the Food Protection Managers Certification
- Floor plan: Sketch/ Layout/ Photo of the facility
- Most recent inspection report from the Base of Operation/Commissary
- Documentation on availability of restrooms for food handlers

The following area can be used for the Floor plan: Sketch/ Layout/ Photo of the facility

