CERTIFICATION

State of New Jersey)
)
County of Cumberland

In Re:_____
(Name of Mobile Unit/Itinerant Operation)
NJAC 8:24-9.3 Base of Operations

I, _____, owner of _____, of full age,
(Name) (Name of Mobile Unit/Itinerant Operation)
Certify that:

1. As the owner/operator of the above-noted mobile unit or itinerant operation, I am familiar with the State law requiring that all mobile and itinerant retail food establishments operate from a commissary or other fixed wholesale or retail food establishment (otherwise known as a "base of operations") and that these units shall report daily or at a lesser frequency, if deemed appropriate by the local Health Authority, to such location for all cleaning, servicing operations, and for any food preparation or supplies needed for the daily business.

2. As owner/operator of the above-noted mobile unit/itinerant operation, I am aware that no food preparation, storage of any supplies, or cleaning activities may occur in or at a private residence or other unapproved facility.

3. I affirm that the mobile retail food unit or itinerant business I own/operate will use the following as a base of operations and is in full compliance with #1 and #2, above:

   _____, located at _____
   (name of base of operations) (street address and city)

   The phone number at my base of operations is _____.

I certify that the foregoing statements made by me are true. I am aware that if any of them are willingly false, I am subject to legal action, including but not limited to loss of my license to operate.

Date:_____ _____
(Name of owner of mobile/itinerant retail food business)

I certify that, as owner or manager of _____ located at _____, I have granted permission for the above-named applicant to utilize my commercial retail food establishment as their base of operations for the period of _____.

Date:_____ _____ _____
Signature of owner/manager Title