



UNION COUNTY OFFICE OF HEALTH MANAGEMENT

400 North Avenue East, Westfield, NJ 07090

Phone: 908-518-5620 | Fax: 908-654-9252



AFFIDAVIT FOR PRE-OPERATIONAL INSPECTION REFUSAL

I hereby certify that I refuse to obtain the Pre-operational inspection for my mobile food unit before the event date in which I would like to participate.

I certify that I will comply with the requirements as outlined in N.J.A.C. 8:24 - CHAPTER 24 *"Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations"*.

I understand that if I am found in violation of any of the requirements established for temporary mobile food vendors as outlined in N.J.A.C 8:24 during the event date, I will be required to leave the site and will not be permitted to participate in the event.

Mobile Establishment Owner's name (print): _____

Mobile Establishment Owner's signature: _____

Date: _____