

**Mobile Food Unit/ Pushcart Application**

Name of Unit or Cart: \_\_\_\_\_ Vehicle Tag: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Owners Email Address: \_\_\_\_\_

Type of permit:  Mobile Food Unit  Pushcart Projected Start Date: \_\_\_\_\_

Construction:  New Construction  Existing Mobile Food Unit  Other

**COMMISSARY INFORMATION: Note- Private residences cannot be used for commissary purposes.** All units will report daily to a commissary approved by this department for supplies, servicing and cleaning each day the unit is operated.

Name of proposed commissary: \_\_\_\_\_

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

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

APPLICATION SUBMISSION REQUIREMENTS	
1)	<input type="checkbox"/> Proposed Menu (including drinks and condiments)
2)	<input type="checkbox"/> Scaled drawing of unit
3)	<input type="checkbox"/> Manufacturers Specification sheets for food service equipment
4)	<input type="checkbox"/> Commissary Approval Form
5)	<input type="checkbox"/> Proposed operational schedule (locations, times, and days of the week)

\*Completion of this application and the payment of the \$250 fee indicates that the applicant understands and intends to comply with the provisions of all related sanitation laws, rules and regulations.

**STATEMENT:** I hereby certify that the information provided within this application is accurate and I fully understand that any permit issued may be suspended by the health department for failure to comply with the requirements of the regulations. The operator will notify ARHS of NC counties and sites where the unit will be operated and any counties other than the county in which the permit was issued. Approval of this application does not indicate compliance with other codes, laws or regulations that may be required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
\$250 plan review fee:	PAID <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card
Type Permit/action:	<input type="checkbox"/> New Operating Permit (I) <input type="checkbox"/> Transitional Permit (T)
Establishment ID No: _____	Risk Category No: _____
Comments: _____	
_____	

# Environmental Health Services



Ashley H. Stoop, MPH  
Health Director

Ralph Hollowell, RS, LSS  
Environmental Health Director

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## COMMISSARY AGREEMENT FOR FOOD SERVICE OPERATORS

A Commissary is a permitted food service establishment that provides shared use kitchen facilities for mobile food units and pushcarts. This Commissary Agreement is part of the plan review approval process and Health Department approval is required for all shared-use kitchen permits.

### **Completed by the Food Service Operator**

Select:     Pushcart     Mobile Food Unit     Commissary Change request

Name of Food service unit: \_\_\_\_\_

Operator Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Completed by the Permittee or Owner of the Commissary:**

The management of the Commissary facility noted below, agrees to provide the Commissary for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the commissary privileges. Management understands and agrees to allow **daily reporting** and use of the following:

- Separate designated and labeled refrigeration, freezer and dry storage space.
- A designated protected area for food and utensil storage.
- Use of the utensil sink to wash utensils.
- An accessible wastewater collection system for disposal of wastewater.
- A protected connection to the potable water supply.
- Commissary access as needed for the operator to maintain rule compliance.

**STATEMENT:** I understand that any sanitation deficiencies resulting at my commissary, even if directly or indirectly related to the operation of the pushcart/ mobile food unit, will be reflected in the sanitation grade of my food establishment. This agreement shall remain in effect as long as I am the owner/operator, or unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health division of Albemarle Regional Health Services in writing. I agree to notify both parties in writing should this approval be rescinded.

Name of commissary: \_\_\_\_\_

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

Commissary Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Commissary Owner/Manager: \_\_\_\_\_

Signature of Commissary Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**List all food service equipment and attach copies of manufacturer specifications for:**

1. **COLD STORAGE EQUIPMENT**- provide total number of refrigerators and freezers on unit ( Beverages, cans/bottles, may be stored in coolers and only pushcarts may use approved coolers with ice for food)

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2. **COOKING EQUIPMENT**- ex. Flat top grill, fryer, oven, panini press etc.

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3. **FIRE SUPPRESSION:**

Is there a ventilation hood system installed? Yes  No

Is there a fire extinguisher? Yes  No

If yes, what type ? ABC  K

**As a safety provision we strongly recommend an LP-gas piping inspection be completed by NC Dept. of Agriculture before a permit is issued.**

See Website <https://www.ncmhtd.com/NCDACS/Standards/FoodTruck>

4. **HOT HOLDING FOOD AND BEVERAGE EQUIPMENT**- Steam table, hot hold cabinet, heat lamp, Cambro unit. \*Cambro units may be used for transportation only, once on location, a plug in electric/gas hot holding unit shall be used to maintain food at least 135F.

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5. **UTENSIL/ WAREWASHING EQUIPMENT (PUSH CART IF APPLICABLE)**

Number of compartments of Utensil sink: \_\_\_\_\_

Size of compartments ( Length x Width x Depth ) \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches

NOTE: Your largest utensil/ pot/ pan is required to fit in all sink compartments.

Will utensils be washed during operating hours of the unit? Yes  No

What type of sanitization will be used? Chlorine  QUAT

6. **HAND WASH SINK**

At least 1 hand sink is required. \*Splash guards may be needed if there is not at least 12 inches of separation from food, work or storage areas.

7. **FRESH/POTABLE WATER TANK AND PUMP**

Capacity \_\_\_\_\_ gallons

Construction Material: \_\_\_\_\_

**8. WASTE WATER TANK**

Capacity \_\_\_\_\_ gallons ( waste tank must be 15% larger than fresh water tank)

Construction material: \_\_\_\_\_

\*Waste water outlet connection shall be lower than the water inlet to prevent possible contamination of the fresh water system.

\*Waste water outlet connection shall be a different size and type than the fresh water connection.

**9. WATER HEATER**

Check one: Tankless  Storage tank

Make: \_\_\_\_\_

Model: \_\_\_\_\_

**10. ELECTRICAL:**

Generator Manufacturer: \_\_\_\_\_

Generator Model: \_\_\_\_\_

Are all lights shielded or shatterproof? Yes  No

**PREPARATION OF MENU ITEMS**

<b>Food Product</b>	<b>Prep process/ Location</b>	<b>Cook process/ Location</b>	<b>Cold/Hot Hold Equipment</b>
Ex. Hamburgers	Thaw > Patty out burgers / Commissary	Grill on flat top in MFU	Hot Hold in Steam box