



**Application for a Mobile Food Unit or Pushcart Permit**

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

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Manager/Person in Charge: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit or cart is owned by: LLC  Corporation  Individual  Other

Ownership Name: \_\_\_\_\_

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

**Check One:**  New Construction  Existing Mobile Food Unit

**COMMISSARY INFORMATION: Note - Private residences cannot be used for commissary purposes.** All units, when operating, must report daily to a food establishment or commissary approved by this department for supplies, cleaning, and servicing. The food establishment or commissary must include adequate **assigned and labeled** storage for food and clean utensils. If the food establishment or commissary cannot support these requirements, an operational permit will not be issued.

Name of proposed Commissary: \_\_\_\_\_

Commissary address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APPLICATION SUBMISSION REQUIREMENTS:** (1) Proposed Menu (2) Scaled drawing of Unit (3) Manufacturer’s specification sheets for all proposed food service equipment (4) Commissary approval form (5) Proposed Operational Schedule (locations, times and days of the week)

**STATEMENT:** I hereby certify that the information provided within this application is accurate. I understand that:

- The Henderson County Health Dept. does not issue verbal approvals regarding construction, design, or permitting mobile food units and pushcarts.
- A non-refundable fee of \$250.00 will be assessed to the applicant/operator and shall be paid with the submission of the application.
- Mobile food units and pushcarts not in compliance with Rules Governing the Food Protection and Sanitation of Food Service Establishments 15A NCAC 18A .2600 will not receive an operating permit.
- Approval of this application or issuance of a permit does not relieve me of the obligation to comply with other applicable codes, laws, or regulations imposed by other jurisdictions.

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

(Applicant/Operator)

**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 and total cubic-feet to keep food 41F or below. **At least 2 refrigerators are required:** one to work out of and one for storage. (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** – Flat top grill, fryer, oven, convection/microwave, panini press, toaster

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3. **FIRE SUPPRESSION:**

Is there a ventilation hood system installed? YES  NO

If yes, is there a continuous flue with exhaust fan to the exterior of the truck? YES  NO

Is there a fire extinguisher? YES  NO

If yes, what type is it? (Check all that apply) ABC  K

If using gas, who installed the gas lines? \_\_\_\_\_

**Note: An approved ventilation hood system with removable filters and exhaust fan is required over all fryers, flat top grills and cooking equipment to prevent grease build up. As a safety provision we recommend an LP-gas piping inspection be completed by NC Dept of Agriculture before a permit is issued. It is recommended that all gas line piping be installed underneath the floor to cooking equipment.** See website <https://www.ncmhtd.com/NCDACS/Standards/FoodTruck>

4. **HOT HOLDING FOOD AND BEVERAGE EQUIPMENT** – steam table (Include # of wells), hot hold cabinet (specify: full or single doors), heat lamp, coffee urn, cambro unit. Cambro units may be used for transportation only, once on location, a plug in electric/gas steam table or hot hold 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 compartment (Length x Width x Depth) \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches

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

Will utensils be washed during operating hours of the unit? YES  NO

What type of Sanitization will be used? (check one) Chlorine  QUAT

**NOTE:** Drainboards for dirty and clean utensil areas are required. If the sink does not have drainboards, please indicate and label where the dirty and clean areas are located on the drawing.

6. **HAND WASH SINK**

At least 1 hand sink is required: submit a manufacturer specification sheet for the hand sink.

**NOTE:** Custom- built sinks or using food pans may not be approved. Splash guards may be needed If there is not at least 18 inches of separation from food, work or storage areas.

**7. FRESH/POTABLE WATER TANK AND WATER PUMP (PUSH CART IF APPLICABLE)**

Size (Length x Width x Depth) of Fresh Water Tank:

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches x 0.0043 = gallons

Capacity \_\_\_\_\_ gallons (minimum tank size is 30 gallons)

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

Do you have an approved drinking water hose to fill fresh water tank? YES  NO

How and where will approved drinking water hose be stored between uses?

\_\_\_\_\_

Attached Product Specification Sheet for Water Pump. On demand pump is required.

**At time of permitting, you must be able to demonstrate ability to fill fresh water tank properly.**

**8. WASTE WATER TANK (PUSH CART IF APPLICABLE)**

Size (Length x Width x Depth) of Waste Water Tank:

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches x 0.0043 = \_\_\_\_\_ gallons

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.

The waste water outlet connection shall be a different size and type than the fresh water connection.

Is there a valve to drain plumbing lines for winterization? YES  NO

**At time of permitting, you must be able to demonstrate discharge of waste water properly.**

**9. GREASE TRAP SIZE: \_\_\_\_\_**

**10. WATER HEATER (PUSH CART IF APPLICABLE)**

Check One: Tankless  Storage Tank

If Storage Tank type: Capacity \_\_\_\_\_ (gallons)

Recovery Rate: \_\_\_\_\_

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

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

**11. FINISHES - MUST BE SMOOTH, NONABSORBENT AND EASILY CLEANABLE (NOT APPLICABLE TO PUSH CARTS)**

Floors \_\_\_\_\_

Walls: \_\_\_\_\_

Ceiling: \_\_\_\_\_

**12. ELECTRICAL**

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

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

**NOTE:** The generator shall be capable of powering all electrical items on the unit. See the wattage work sheet to help in sizing the generator. A generator or power inverter is required to maintain constant power to the refrigerators/freezers anytime food is transported.

How will refrigeration be maintained during transit? \_\_\_\_\_

Number of electrical outlets: \_\_\_\_\_

Are all electrical lines protected/shielded? YES  NO

Are the lights shielded or shatterproof? YES  NO

Does the unit have an Air Conditioner? YES  NO

**13. DRY STORAGE – Describe the number and location of shelving for:**

Single service items (paper products: plates, cups, etc.): \_\_\_\_\_

Food (Bread, condiments, etc.): \_\_\_\_\_

Chemicals: \_\_\_\_\_

Employee Personal Items: \_\_\_\_\_

\_\_\_\_\_

**Office Use Only**

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Establishment ID No: \_\_\_\_\_ Risk Category No: \_\_\_\_\_ SR # initial: \_\_\_\_\_

GPS Parcel: \_\_\_\_\_ Pictures attached in CDP: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_



# Henderson County Public Health

## Mobile Food Units and Pushcarts: Menu Page

**\*This page must be completed. A separate menu may also be submitted.\***

*All produce must be washed at the Commissary, on the Unit or be purchased prewashed. **Be sure to specify where (at Commissary or on unit) that the food will be thawed, cut/wash, assembled, cooked, cold/hot held, and reheated.** Please use one row for each food item and include all beverages. If chart is not sufficient then make copy to enter additional items.*

(\*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED\*)

| <b>Food<br/>(Example)</b> | <b>Food<br/>Supplier<br/>or<br/>Source</b> | <b>Thaw<br/>How?<br/><u>Where?</u></b> | <b>Cut/Wash<br/>Assemble<br/><u>Where?</u></b> | <b>Cook<br/>How?<br/><u>Where?</u></b> | <b>Will item<br/>be cooled<br/>down?<br/><u>How?</u></b> | <b>Cold/Hot<br/>Holding<br/>How?<br/><u>Where?</u></b> | <b>How will<br/>food be<br/>reheated?<br/><u>Where?</u></b> |
|---------------------------|--|--|--|--|--|--|---|
| Hamburgers                | Sam's Club                                 | No thawing                             | No advance prep                                | Cooked on grill.                       | No   | Hold in a crock with beef broth                        | No  |
| Prepackaged condiments    | Sam's Club                                 | N/A                                    | N/A  | N/A                                    | N/A  | N/A  | N/A   |
|                           |  |  |  |  |  |  |   |
|                           |  |  |  |  |  |  |   |
|                           |  |  |  |  |  |  |   |

# Henderson County Public Health

Menu (cont'd)

| Food | Food Supplier or Source | Thaw How? <u>Where?</u> | Cut/Wash Assemble <u>Where?</u> | Cook How? <u>Where?</u> | Will item be cooled down? <u>How?</u> | Cold/Hot Holding How? <u>Where?</u> | Will item be cooled down? <u>How?</u> |
|------|-------------------------|-------------------------|---------------------------------|-------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
|      |                         |                         |                                 |                         |                                       |                                     |                                       |
|      |                         |                         |                                 |                         |                                       |                                     |                                       |
|      |                         |                         |                                 |                         |                                       |                                     |                                       |
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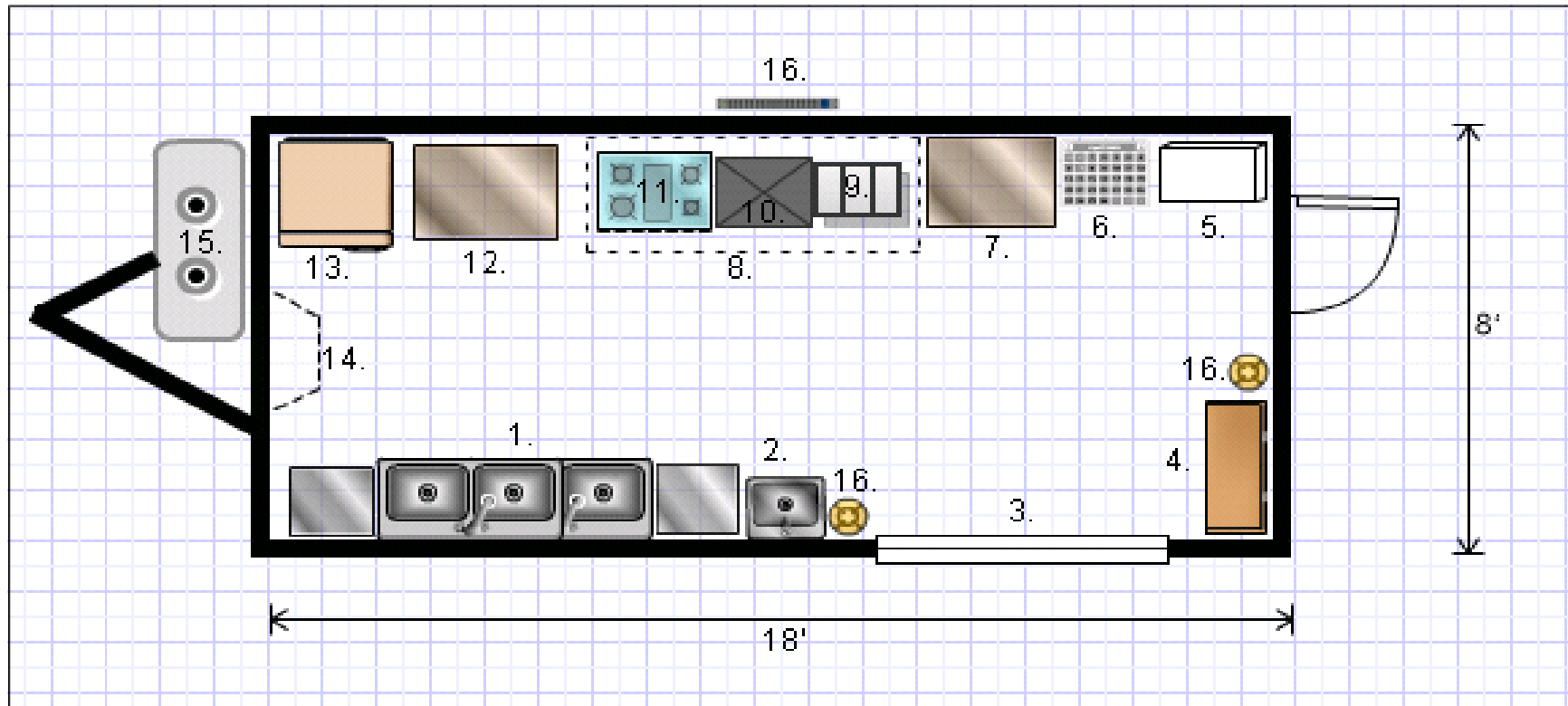
# Henderson County Public Health

Menu (cont'd)

| <b>Food</b> | <b>Food Supplier or Source</b> | <b>Thaw How? <u>Where?</u></b> | <b>Cut/Wash Assemble <u>Where?</u></b> | <b>Cook How? <u>Where?</u></b> | <b>Will item be cooled down? <u>How?</u></b> | <b>Cold/Hot Holding How? <u>Where?</u></b> | <b>Will item be cooled down? <u>How?</u></b> |
|-------------|--------------------------------|--------------------------------|--|--------------------------------|--|--|--|
|             |                                |                                |  |                                |  |  |  |
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# Henderson County Public Health

## MOBILE UNIT FLOOR PLAN EXAMPLE



- |                               |                                       |
|-------------------------------|---------------------------------------|
| 1. Utensil washing sink       | 10. Griddle                           |
| 2. Hand sink                  | 11. Range                             |
| 3. Serving window/counter     | 12. Reach-in refrigerator             |
| 4. POS/Drink station          | 13. Reach-in freezer                  |
| 5. Microwave/toaster          | 14. Fresh & waste water holding tanks |
| 6. Flip-top prep refrigerator | 15. Propane tank & generator          |
| 7. Stainless steel work table | 16. Exhaust vents                     |
| 8. Hood System                |                                       |
| 9. Fryer                      |                                       |

Total Square Feet = 144  
Fresh water = 30 gals  
Waste water = 35 gals  
Scale ¼" = 1'



# Henderson County Public Health

## **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: Mobile Food Unit  Pushcart  Commissary Change Request

Name of Food Service: \_\_\_\_\_

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

Operator Signature: \_\_\_\_\_

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

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

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

### **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 provide the following for each approval:

- 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.
- A mechanism to track commissary usage, sign-in, digital tracking, etc.
- Commissary access as needed for the operator to maintain rule compliance.

Name of Commissary: \_\_\_\_\_

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

Commissary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*This agreement shall remain in effect as long as I am the commissary owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health Division of the Henderson County Public Health Department in writing. I agree to notify both parties in writing should this approval be rescinded**

Name of Commissary Manager: \_\_\_\_\_

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

# Henderson County Health Department

## Mobile Food Unit/Pushcart Route Update Form

Name of Cart: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Owner's Name (may be a corporation, partnership, or individual): \_\_\_\_\_

Commissary/Base Restaurant Name: \_\_\_\_\_

Commissary/Base Restaurant Address: \_\_\_\_\_

Commissary/Base Restaurant City, State, and Zip: \_\_\_\_\_

Contact Person (individual): \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Contact's City, State, and Zip: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Facility:  Mobile Food Unit  Pushcart

Requirements for pushcarts and mobile food units found in 15A NCAC 18A .2600 "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments stipulate in part that:

- The permit issued for operation of the pushcart or mobile food unit shall be posted on the unit.
- The local health department which issues the permit for a pushcart or mobile food unit shall be provided by individuals receiving a permit a list of counties and locations where each unit will operate.
- Individuals receiving a permit to operate a pushcart or mobile food unit shall provide the local health department in each county in which food service operations are proposed a list of locations where they will operate. Such lists must be kept current.
- Prior to initiating food service operations in a particular jurisdiction, the operator of the pushcart or mobile food unit shall submit to that particular jurisdiction such carts or units for inspection or reinspections to determine compliance with the rules.
- Pushcarts or mobile food units shall operate in conjunction with a permitted restaurant or commissary and shall report at least daily to the restaurant or commissary for supplies, cleaning, and servicing.

Failure to follow the above regulations can result in your permit being suspended.

Vending Route (Specific days, times, and locations of operation):

(i.e. Saturdays – 10am-3pm – Valerie Woodard parking lot, 3205 Freedom Dr.)

Time of reporting back to commissary: \_\_\_\_\_

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

Print Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_