

Stokes County Environmental Health

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Mobile Food Unit and Pushcart Application

In accordance with 15A NCAC 18A .2638(a) a permit shall be issued by the local health department which provides sanitation surveillance for the restaurant or commissary from which the pushcart or mobile food unit complies with these rules.

Application Request Type: New Application Change of Commissary Change of Ownership

Projected Start Date: _____

Name of the Unit: _____

Name of the Applicant: _____ Phone: _____

Mailing Address: _____
Street City State Zip

Manager or Person in Charge: _____

Mailing Address for Unit: _____
Street City State Zip

Email Address: _____ Phone: _____

Location of Commissary: _____

Items Required with Application Submittal: **(check each)**

____ Scaled Plans of Unit, Including Equipment

____ Proposed Menu (signed and dated)

____ Manufacturer specifications sheets for equipment

____ Proposed operating schedule (locations & dates)

____ **\$150** MFU Plan Review Fee or **\$100** Pushcart Plan Review Fee

****If all items are not attached with the application, at the time of submittal, the application will be rejected.***

***I hereby certify that the information provided in this application is accurate.**

***I understand that:**

1. Any variance from the information within this application may result in the loss of the MFU or Pushcart permit,
2. The unit will undergo routine inspections based on the current food code,
3. The unit must comply with the Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600. If this unit does not comply with these rules the operation permit will not be issued and may be revoked, and
4. The unit must comply with all permit conditions once the permit is issued, otherwise the permit is subject to revocation/suspension.

Signature: _____ Date: _____
(Applicant/Owner)

A. **Projected Number of Meals:** List the number that you plan to serve at each meal.

Breakfast: _____ Lunch: _____ Dinner: _____

B. **Certified Food Protection Manager:**

- Does the PIC have a current Food Protection Manager certification? Yes No

C. **Specialized Process:** List all that apply.

- Smoking Curing Acidification ROP (vacuum sealing) Other

List Other: _____

D. **Hot Storage:** List all units

Type of Hot Storage	Model Number

E. **Cold Storage:** List all units

Type of Cold Storage	Number of Units	Cubic Feet	Model Number
Reach-In Refrigerator			
Reach-In Freezer			
Walk-In Refrigerator			
Walk-In Freezer			
Prep Cooler			

F. **Prep Tables/Surfaces:** List all units (tables/surfaces must comply with NSF/ANSI standards)

G. **Equipment:** List all equipment and attach manufacturer's specification sheets

H. Food Preparation Details:

Produce

- Will produce require washing prior to preparation/service? Yes No
 - If no, all produce will need to be purchased in ready-to-eat form
- Will there be an approved location for washing/preparing produce? Yes No
- Explain the process and location for produce preparation:

Meats

- Will meats require washing prior to preparation? Yes No
- Will there be an approved location for washing/preparing meats? Yes No
- Explain the process and location for meat preparation:

Seafood

- Will fish and seafood require washing prior to preparation? Yes No
- Will there be an approved location for washing/preparing fish and seafood? Yes No
- Explain the process and location for fish and seafood preparation:

Poultry

- Will poultry require washing prior to preparation? Yes No
- Will there be an approved location for washing/preparing poultry? Yes No
- Explain the process and location for poultry preparation:

Will foods be held:

- Hot (135°F and higher) Yes No If yes, how long will it be held? _____
- Cold (41°F and below) Yes No If yes, how long will it be held? _____

How will refrigeration be maintained during transit? _____

I. **Dry Storage:** List all locations for,

- Single-service items: _____
- Food: _____
- Chemicals: _____
- Employee personal items: _____

J. **Waste Water Tank** **Must be 15% larger than the fresh water tank*

- Capacity _____ (gallons)
- Construction material _____
- Location of outlet to empty tank _____

K. **Fresh Water Tank**

- Capacity _____ (gallons)
- Construction material _____
- Location of inlet to fill tank _____
- How is the inlet covered to prevent contamination? _____
- How will the fresh water tank be filled? _____
- Do you have an approved drinking water hose to fill the tank? Yes No
- How will the hose be stored between uses? _____

L. **Water Heater**

- Tankless Storage Tank If storage tank: Capacity _____ (gallons)
- Gas Electric
- Recovery Rate: _____
- Make: _____
- Model: _____

M. **Handwashing Sinks**

- Number of handwashing sinks: _____
- Water temperature at sink(s): _____ °F

N. **Warewashing Equipment**

- Number of compartments in warewashing sink: _____
- Size of compartments (length, width, depth): _____ x _____ x _____ (inches)
- When will utensils/equipment be washed? _____
- What type of sanitizer will be used? Chlorine QAC 180°F water
- Water temperature at warewashing sink: _____ °F

O. **Finishes**

- Floors _____
- Walls _____
- Ceilings _____

P. **Fire Suppression**

- Is there a hood system installed? Yes No
- Is there any type of fire suppression? Yes No
 - If yes, what type? ABC
 - K type
 - ANSUL suppression
- Have you contacted your local Fire Marshall? Yes No

Stokes County Commissary Form

The "Rules Governing the Sanitation of Restaurants and Other Food Handling Establishments" 15A NCAC 18A .2638 requires "(f) 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."

Mobile Food Unit Operator

I agree to operate my mobile food unit in conjunction with the commissary listed below. I understand that my mobile food unit must report to the commissary at least daily (on days of operation).

Name of MFU/Pushcart: _____

Owner Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Signature: _____ **Date:** _____

Commissary Owner/Permittee

I agree to serve as a commissary for the above listed mobile food unit. I understand that as a commissary for the mobile food unit, I must allow the mobile food unit to return for servicing each day that it is in operation. I understand and agree that my facility must provide: (*initial each*)

_____ Designated areas for food, utensils, and all food service related items. This includes cold, freezer, and dry storage areas.

_____ All locations designated for the mobile food units use will be labeled as such and used only by the mobile food unit

_____ Warewashing facilities for the mobile food unit to wash all related utensils

_____ An exterior location for wastewater disposal

_____ A protected exterior connection to resupply potable water

Name of the Food Service Establishment: _____

Facility ID: _____

Facility Address: _____

Facility Phone: _____

Facility Owner Email: _____

Facility Owner (print) _____ **Date:** _____

Facility Owner (sign) _____ **Date:** _____

Environmental Health Use Only

Approval of Use: Approved Not Approved Reasoning: _____

EHS: _____ Date: _____ REHS#: _____