

**RICHMOND COUNTY HEALTH  
DEPARTMENT**

127 Caroline Street Rockingham, NC 28379

Dr. Tommy Jarrell, Health & Human Svcs Director

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Visit our website at: [www.richmondnc.com/Richmond](http://www.richmondnc.com/Richmond)

Mobile Food Unit / Pushcart Application

Type of Food unit:             Mobile Food Unit             Pushcart

Mobile Food Unit / Pushcart Name: \_\_\_\_\_

Owner/Operator Name (corporation if applicable): \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Street/P.O. Box

City

State

Zip

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

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

Please note that **Commissary Form** must be completed and submitted to the Health Dept prior to issuance of permit.

**Initial Route:**

Location	Dates or Days of Week	Hours (am or pm)
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\*If unit will operate at additional locations, please attach.*

Where will deliveries of food and supplies occur? \_\_\_\_\_

How many times a week will food and/or supplies be delivered? \_\_\_\_\_

How will food temps be maintained during transport? \_\_\_\_\_

How will facility comply with the no bare hand contact with ready to eat foods rule?

Gloves     Utensils with Handles     Deli Sheets     Other \_\_\_\_\_

Will facility serve any raw or undercooked items (i.e. medium rare burgers, over easy eggs, etc) that require a Consumer Advisory as defined in Chapter 3-603.11 of the NC Food Code?    Yes    No

**Pushcarts**

Does cart have overhead protection covering the entire food preparation area and utensil storage areas (this in addition to lids on containers: umbrellas and canopies are not sufficient)     Yes     No

Does cart have a sink?     Yes\*     No

\*If yes, what is the size of potable water tank: \_\_\_\_\_ gallons    wastewater tank: \_\_\_\_\_ gallons



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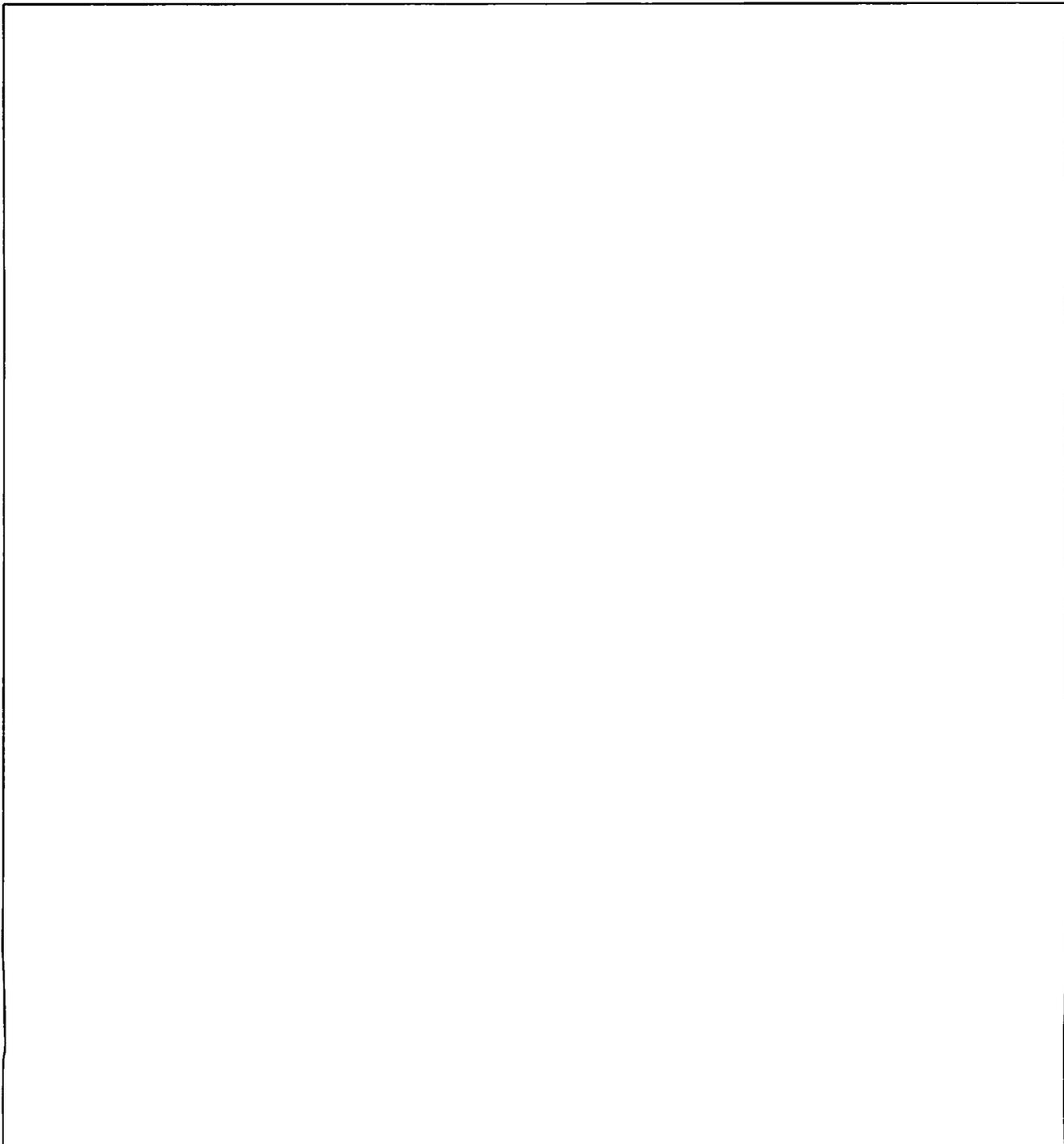
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**Mobile Food Units and Pushcarts**

Layout

Sketch a diagram of your equipment layout below. Number each piece of equipment on the diagram and then list the type of equipment on chart at bottom of page. Include sinks in this layout also.



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**Equipment:** All equipment with the exception of microwaves, mixers, toasters, hot water heaters, and hoods must be NSF/ANSI approved. Equipment must also be used for its intended purpose. Please list the equipment.

Equipment Number	Equipment Type	Brand	Model Number
1	<i>Example- Upright Storage Freezer</i>	<i>Electrolux</i>	<i>FCFS20</i>
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

**Mobile Food Units**

Will any utensils be washed on truck?  Yes  No

Will any produce be washed on truck?  Yes  No

Will any meats be washed/thawed on truck?  Yes  No

Will any food be fried or grilled on truck?  Yes  No

How is ventilation provided?

How is fly protection provided? \_\_\_\_\_

How will truck be powered at operating location? \_\_\_\_\_

Will any food be stored in refrigerators/freezers on truck after operating hours?  Yes  No

\*If yes, how will power be supplied to keep refrigerators/freezers working? \_\_\_\_\_

**Materials of Construction:**

Floors (include types of junctures)	Walls	Ceilings

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Hot Water Heater Make and Model: \_\_\_\_\_ Recovery Rate: \_\_\_\_\_ GPH

Size of Clean Water Tank: \_\_\_\_\_ (gallons) Size of Wastewater Tank: \_\_\_\_\_ (gallons)

How will potable water tank be filled? (Please specify which water tap at commissary will be used and if inlet is on inside or outside of truck) \_\_\_\_\_

How will wastewater tank be drained? (Please specify is outlet if on inside or outside of the truck and to where wastewater will be drained) \_\_\_\_\_

**\*Mobile Food Unit must comply with all requirements in the NC Food Code Manual 5-301.11 to 5-403.11 which cover water tanks, appurtenances, sewage tanks and disposal. Please familiarize yourself with these requirements. Then, you must be able to demonstrate to the Health Department that unit complies during permitting inspection.\***

**Mobile Food Units and Pushcarts**

Completion of this application indicates that the applicant understands and intends to comply with the provisions of all related sanitation laws, rules, and regulations pursuant to 15A NCAC 18A .2600 of the Rules Governing the Sanitation of Food Protection of Food Establishments and the NC Food Code Manual. Construction shall not begin until plans have been approved. It is understood that (Please Initial the following):

- \_\_\_\_\_ Any permit issued may be suspended by the Health Department for failure to comply with the requirements of the regulations. Permit and then grade card will remain posted on unit where visible to public.
- \_\_\_\_\_The operator will notify the Richmond County Health Department of any new locations where the unit will be operating.
- \_\_\_\_\_The operator will also notify the applicable Health Departments in other counties where the unit will be operating. The operator will notify the Health Dept of any change in menu or equipment.
- \_\_\_\_\_ The Mobile Food Unit/Pushcart will report to the Commissary on a dally basis during days of operation for food preparation, utensil washing, supplies, cleaning, and servicing.

Operator Name (printed): \_\_\_\_\_

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

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

**REQUIREMENTS CAN BE FOUND AT:**

NC Food Code Manual <http://www.dch.enr.state.nc.us/food/docs/NC-FoodCodeManual-2009-FINAL.pdr> .2600 Rules for Food Establishments <http://www.dch.enr.statc.nc.us/food/docs/15A-NCAC-18A-2600-FINAL.pdf>

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## COMMISSARY FORM

Rule 15A NCAC 18A .2670(d) in the Rules Governing Food Protection and Sanitation of Food Establishments imparts that: "Pushcarts or Mobile Food Units shall operate in conjunction with a permitted restaurant/ commissary and shall report at least daily for supplies, cleaning, and servicing."

Restaurant / Food Stand Serving as Commissary

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Please list the hours that the Mobile Food Unit/Pushcart can use your facility:

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Water Supply:  Municipal  Private\* Sewage Disposal:  Sewer  Onsite\*

\*If wastewater is disposed into onsite system and/or if facility is on a well, septic system and/or well must be evaluated and approval must be granted from Health Dept.

As the permittee or operator of the food establishment listed below, it is my intention to allow my facility to serve as a commissary for the Mobile Food Unit or Push Cart listed below. I understand that the Mobile Food Unit or Push Cart must return to my facility on a daily basis for servicing of the following requirements

(Please initial each of the items listed):

- \_\_\_\_ Use of the restaurant utensil sink for washing of the utensils.
- \_\_\_\_ Use of the restaurant food prep sink for any washing, thawing, rinsing or cooling of food.
- \_\_\_\_ Use of the restaurant cooking equipment (as deemed necessary).
- \_\_\_\_ Provision of refrigerated or dry storage for their food and utensils.
- \_\_\_\_ Provision of a suitable means of connection into the potable water supply as approved by Health Dept.
- \_\_\_\_ Provision of a suitable means for disposal of the Mobile Food Unit's or Pushcart's gray water into my facility's sewage disposal system as approved by the Health Department.

I understand that this agreement shall remain in effect until I notify the Health Department and the Mobile Food Unit's or Pushcart's owner in writing to rescind it or until the owner of this operation changes.

Operator Name (Printed): \_\_\_\_\_

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

Mobile Food Unit or Pushcart

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Operator Name (Printed): \_\_\_\_\_

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