



**Operation**

Primary County of operation: \_\_\_\_\_

Proposed location/address of operation: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Projected number of meals to be served (approximate):

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

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

Will there be any outside grilling? Yes No

\_\_\_\_\_

**Finishes** (must be smooth, nonabsorbent, and easily cleanable)

Floors: \_\_\_\_\_ Walls: \_\_\_\_\_ Ceilings: \_\_\_\_\_

Wall behind cooking equipment: \_\_\_\_\_

\_\_\_\_\_

**Water Storage Tank**

Water tank storage capacity: \_\_\_\_\_ gallons Location: ( ) Inside unit ( ) Outside unit

Construction materials: \_\_\_\_\_

Potable water hose stored in the following protected area: \_\_\_\_\_

How will potable water tank be filled? \_\_\_\_\_

\_\_\_\_\_

**Sewage Storage Tank**

Permanently mounted sewage storage tank: Capacity \_\_\_\_\_ gallons

Location: ( ) Inside unit ( ) Outside unit

Type of sewer vents on unit: ( ) Vent to exterior & protected ( ) Vent to interior by an admittance valve

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

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**Water Heater Specifications**

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

Fuel Type: ( ) Gas \_\_\_\_\_ BTU ( ) Electric \_\_\_\_\_ KW

Type: ( ) Tankless ( ) Tank

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**Generator**

Manufacturer: \_\_\_\_\_ Wattage: \_\_\_\_\_

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**Utensil Washing** (Mobile Units Only)

Number of sink compartments: \_\_\_\_\_ Size of compartments(inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Size of drain boards (Length x Width in inches) Right: \_\_\_\_\_ x \_\_\_\_\_ Left: \_\_\_\_\_ x \_\_\_\_\_

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**Hand sinks**

Number of hand sinks: \_\_\_\_\_

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**Mobile 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 (Provide ventilation details)

Will light shields be used? \_\_\_\_\_

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

Will any food be stored in refrigerators/freezers after operating hours? Yes No  
If yes, how will power be supplied to keep refrigerators/freezers working? \_\_\_\_\_

Will hot transportation equipment be used to transport food from commissary to serving location? \_\_\_\_\_



**Food Service 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			
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14			
15			
16			

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 Department of any change in menu or equipment.
- \_\_\_\_\_ The Mobile Food Unit/Pushcart will report to the Commissary on a daily basis during days of operation for food preparation, utensil washing, supplies, cleaning, and servicing.

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

**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.state.nc.us/food/docs/15A-NCAC-18A-2600-FINAL.pdf>

## 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: \_\_\_\_\_

Please list the hours <sup>Street</sup> that the Mobile Food <sup>State</sup> Unit/Pushcart can use your facility: \_\_\_\_\_ Zip \_\_\_\_\_

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 Department.
- \_\_\_\_\_ 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