

Pender County Health Department

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Carolyn Moser, MPA
Health Director

Pender County Health Department Mobile Food Unit or Pushcart Application

Name of Unit or Cart: _____ Vehicle Tag: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Manager/Person in Charge: _____

Email Address: _____ Phone: _____

Type of Permit: Mobile Food Unit Pushcart

Check one: New Construction Existing Mobile Food Unit / Pushcart

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: _____

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 Mecklenburg County Health Dept. does not issue verbal approvals regarding construction, design, or permitting mobile food units and pushcarts. • A non-refundable fee of \$150.00 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: _____

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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 cubicfeet 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)

2. COOKING EQUIPMENT - Flat top grill, fryer, oven, convection/microwave, panini press, toaster

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/NCDAACS/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.

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

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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.

Number and location of Air Drying Shelving: _____

6. HAND WASH SINK At least 1 hand sink is required: submit a manufacturer specification sheet for the hand sink. Splash guards may be needed if there is not at least 12 inches of separation from food, work or storage areas.

Do you have 12" of separation from hand sink and food work or storage areas? Yes No

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

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

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?

8. WASTE WATER TANK (PUSH CART IF APPLICABLE)

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

gallons Capacity _____ gallons (Waste tank must be 15% larger than fresh water tank)

Construction Material: _____

Wastewater outlet connection shall be lower than the water inlet to prevent possible contamination of the fresh water system. The wastewater outlet connection shall be a different size and type than the freshwater connection. At time of permitting, you must be able to demonstrate discharge of waste water properly.

9. WATER HEATER (PUSH CART IF APPLICABLE)

Check One: Tankless Storage Tank

If Storage Tank type: Capacity _____ (gallons) Recovery Rate: _____

Make: _____

Model Number: _____

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

Floors _____

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Walls: _____

Ceiling: _____

11. ELECTRICAL Generator Manufacturer: _____

Generator Model: _____

NOTE: The generator shall be capable of powering all electrical items on the unit. 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

12. 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: _____

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Menu Page

List all food items that you intend to serve using the following:

Example

Food Item: Chicken

Food Source: Sam's Club

Thawing method and location: Thawed at the commissary under cool running water

Cut/Wash/Assemble Where: Washed at prep sink in commissary, cut, and stored in pans placed in walk-in refrigerator

Cook How/Where: Chicken is transported covered to Mobile Food Unit Refrigerator to be cooked on unit and placed in hot hold

Cooling Process: No Cooling, placed on hot hold after cooking

Hot/Cold Holding How/Where: Held hot on steam table in Mobile Food Unit.

Please follow the above example for ALL of your food items

Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

Hot/Cold Holding How/Where:

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Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

Hot/Cold Holding How/Where:

Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

Hot/Cold Holding How/Where:

Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

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Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

Hot/Cold Holding How/Where:

Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

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Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

Hot/Cold Holding How/Where:

Food Item:

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Food Source:

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Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

Hot/Cold Holding How/Where:

Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

Hot/Cold Holding How/Where:

Food Item:

Food Source:

Thawing method and location:

Cut/Wash/Assemble Where:

Cook How/Where:

Cooling Process:

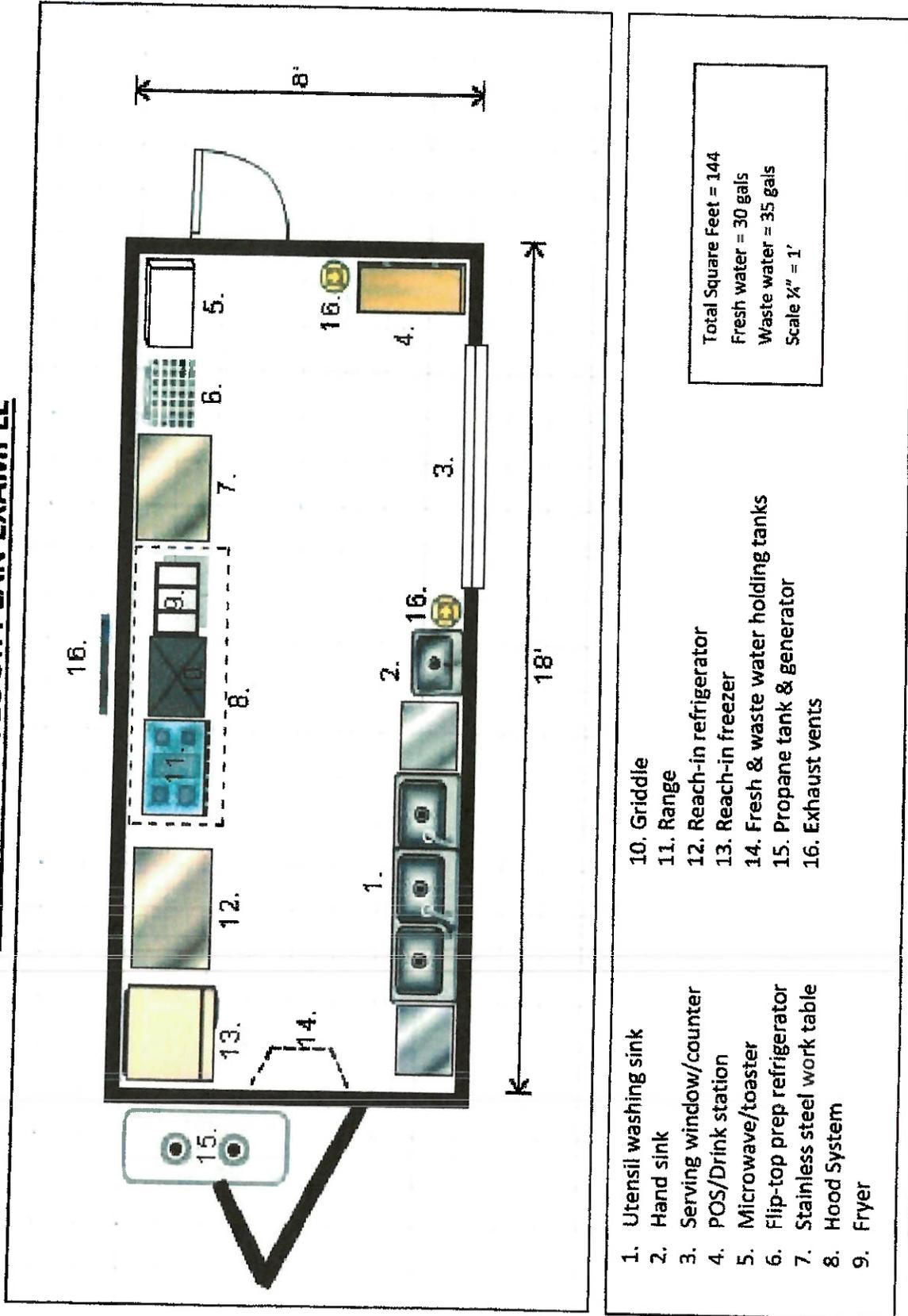
Hot/Cold Holding How/Where:

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MOBILE UNIT FLOOR PLAN EXAMPLE



MPA
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AGREEMENT FROM PERMITTED RESTAURANT TO ALLOW A PUSH CART/MOBILE FOOD UNIT TO OPERATE IN CONJUNCTION WITH THIS ESTABLISHMENT

COMMISSARY REQUIREMENTS

1. Provide a copy of the commissary sign in sheet
2. Provide a floor plan drawing to scale (minimum 1/4"=1') of all equipment and storage to be used in the commissary

Name of establishment: _____

Manager or Person-in Charge. _____

Address. _____

Phone Number: _____

Email Address. _____

Permission is given to (Name) _____ (Name of unit) _____ to operate a Pushcart/Mobile Food Unit in conjunction with my food service establishment. I understand the applicable regulations require that the Pushcart/Mobile Food Unit report daily to my establishment for supplies, cleaning, and servicing. I agree to allow supplies for the unit to be stored on my premises. I understand that any sanitation deficiencies resulting at my food service establishment, 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 service establishment. This agreement shall stay in effect as long as I am the owner, unless rescinded by notifying the Pushcart/Mobile Food Unit owner and The Pender County Health Department in writing.

I, the food service establishment owner, can and will provide the necessary facilities for the Pushcart/Mobile Food Unit at my permitted food service establishment as checked below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Toilets | <input type="checkbox"/> Dry Food Storage |
| <input type="checkbox"/> Hand washing | <input type="checkbox"/> Water Filling Station | <input type="checkbox"/> Single Service Items |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multi-use Utensil Wash | <input type="checkbox"/> Frozen/refrigerated Food Storage | |

Signature of Commissary Owner:

I certify that the Pushcart/Mobile Food Unit will have access to my food service establishment for the above checked items.

Print Name _____

Signature _____

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PERMIT HOLDER RISK AGREEMENT, SHARED FACILITY

Business Name:
Permittee Name:
Address:
Phone Number:
Email:

As a permit holder in a shared-use facility you are subject to heightened risks in association with the other businesses in the facility. A shared-use facility requires a commitment to identify and prevent potential accidental and intentional contamination events.

- **Risk: Ineffective Employee Health Policy**
Explanation: Any individual present in areas of a food establishment where food and food-contact items are exposed must be aware of their responsibility to report any health and activities as they relate to diseases that are transmissible through food to the person in charge. Overlapping individual businesses creates an environment whereby all are affected by the health practices of the others. Since each permit holder may be affected by the others, steps must be taken to ensure that every individual associated with each permit in the shared space are on heightened awareness of the components of an approved Employee Health Policy and accept the risk associated.
- **Risk: Cross contamination at shared equipment and food contact surfaces with physical, chemical, or biological hazards.**
Explanation: Any individual present in areas of a food establishment where food and food-contact items are exposed presents a potential contamination risk (2009 FDA Food Code-Annex 3). The potential for contamination increases with the number of users and the variety of menu items and processes. Since each permit holder may be unaware of the types of activities that are practiced outside their range of control, steps must be taken to ensure that all equipment and food contact surfaces are cleaned and sanitized prior to use.
- **Risk: Contamination of food products either by accidental or intentional means.**
Explanation: The protection of food products from potential contamination sources is a key component of maintaining control and is required under 15A NCAC 18A .2608. Since activities outside your businesses range of control are practiced within shared-use facilities, permit holders must take effective means to secure their food products from accidental or intentional contamination events.

I understand and acknowledge the Pender County Health Dept. representative has shared the potential risks that are unique to shared-use facilities as outlined above.

Permit Holder: _____ Title: _____
Signature _____ Date: _____

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