



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: _____ 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 Scotland 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)

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 flow 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/NC DACS/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

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 12 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. 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: _____

Walls: _____

Ceiling: _____

11. 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

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: _____

Office Use Only

Reviewer Signature: _____ Date: _____

Comments: _____

Establishment ID No: _____ Risk Category No: _____ SR # initial: _____

GPS Parcel: _____ Pictures attached in CDP: _____ Latitude: _____
_____ Longitude: _____

Each Employee's Hands Must Be Washed Thoroughly, Using Soap, Warm Water and Sanitary Towel Or Approved Hand-Drying Device, Before Beginning Work and After Each Visit to the Toilet.

By Order Of The

N. C. Department of Environment and Natural Resources

Division of Environmental Health Raleigh, N. C.