



# Polk County Health & Human Services Agency

Economic Services | Public Health | Senior Services | Social Services | Public Transportation | Veteran Services

## Application for a Mobile Food Unit or Push Cart Permit

Name of Unit or Cart: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager/Person in Charge: \_\_\_\_\_

Mailing Address for Unit or Cart: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Commissary: \_\_\_\_\_

(If different from above)

Establishment is owned by: ☐ Association ☐ Corporation ☐ Individual

☐ Partnership ☐ Other Legal Entity

**\*Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.**

*15A NCAC 18A .2670 (d) Pushcarts or mobile food units shall operate in conjunction with a permitted commissary and shall report at least daily to the commissary for supplies, cleaning, and servicing. Facilities, in compliance with this Section, shall be provided at the commissary for storage of all supplies. The pushcart shall also be stored in an area that protects it from dirt, debris, vermin, and other contamination. Water faucets used to supply water for pushcarts or mobile food units shall be protected to prevent contact with chemicals, splash, and other sources of contamination. Solid waste storage and liquid waste disposal facilities must also be provided on the commissary premises.*

Type of Permit: ☐ Mobile Food Unit ☐ Push Cart

Check One: ☐ New Application ☐ Change of Commissary ☐ Change of Ownership

Projected Start Date: \_\_\_\_\_

### APPLICATION SUBMISSION REQUIREMENTS:

(1) Proposed Menu, (2) Scaled drawing of Unit, (3) \$250 Plan Review Fee (4) Manufacturer's specification sheets for all proposed food service equipment (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:

- any deviation or variance from the information contained in this application may void the operation permit for the unit,
- multiple inspections of the unit may be required,
- if the unit is not in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600, the operation permit will not be issued or may be revoked, and
- approval of these plans and issuance of a permit does not relieve me of the obligation to comply with other applicable code, law, or regulation imposed by other jurisdictions.

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

(Applicant/Operator)

- Environmental Health Department • 35 Walker St. Columbus NC, 28722 • 828-894-3739
- Mailing Address: PO Box 308, Columbus, NC, 28722

**1. HOURS OF OPERATION** - List the Hours of Operation for each day of operation:

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

- **Provide Operational Schedule - List of proposed locations and times of operation.**

**2. FOOD PROTECTION MANAGER CERTIFICATION**

- Has the operator/PIC of the unit taken and passed an approved course within the last 5 years? Yes ☐ No ☐ (ex: ServSafe, Safe Plates, etc).

**3. SPECIALIZED PROCESSES** – Indicate any that will take place:

- ☐Curing      ☐Acidification (sushi, etc.)      ☐Reduced Oxygen Packaging (eg: Vacuum)  
☐Smoking      ☐Sprouting Beans      ☐Other

**4. COLD STORAGE FACILITIES** - Provide total number of refrigerators and freezers on unit and total cubic-feet (list for push carts where applicable):

Type of Cold Storage	Number of units	Cubic Feet
1. Reach-in refrigerators		
2. Reach-in freezers		
3. Walk-in refrigerators		
4. Walk-in freezers		

**5. EQUIPMENT**

- **LIST ALL COOKING EQUIPMENT AND ATTACH MANUFACTURERS' SPECIFICATION SHEETS (LIST FOR PUSH CARTS WHERE APPLICABLE):**

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- **Describe how equipment will be secured to prevent it from shifting during transport:**

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## 6. OPERATION DETAILS

### PRODUCE

- Will produce require washing prior to preparation? Yes ☐ No ☐
- **If no is selected, documentation of "ready-to-eat" state will be required.**
- Is there an approved location for washing and/or preparing produce? Yes ☐ No ☐
- Describe your procedure and location:

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### MEATS

- Will meats require washing prior to preparation? Yes ☐ No ☐
- Is there an approved location used for washing and/or preparing meats? Yes ☐ No ☐
- Describe your procedure and location:

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### SEAFOOD

- Will fish and/or seafood (including shrimp, scallops & oysters) require washing prior to preparation? Yes ☐ No ☐
- Is there an approved location used for washing and/or preparing seafood? Yes ☐ No ☐
- Describe your procedure and location:

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### POULTRY

- Will poultry require washing prior to preparation? Yes ☐ No ☐
- Is there an approved location used for washing and/or preparing poultry? Yes ☐ No ☐
- Describe your procedure and location:

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### WILL FOOD BE HELD

- Hot (>135° F) Yes ☐ No ☐
- If yes, Holding method used: \_\_\_\_\_ How long held? \_\_\_\_\_  
Hot Holding Equipment: \_\_\_\_\_
- Cold (<41° F) Yes ☐ No ☐
- If yes, Holding method used: \_\_\_\_\_ How long held? \_\_\_\_\_
- How will refrigeration be maintained during transit? \_\_\_\_\_

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**7. DRY STORAGE** – Describe number and location of shelving for:

- Single service items (paper products such as plates and cups) \_\_\_\_\_
- Food (Bread, condiments, etc.) \_\_\_\_\_
- Chemicals \_\_\_\_\_
- Employee Personal Items \_\_\_\_\_

**8. WASTE WATER TANK (PUSH CART IF APPLICABLE)**

- Size (Length x Width x Depth) of Waste Water Tank (NOTE: Must be 15% larger than fresh water tank: \_\_\_\_\_ L x \_\_\_\_\_ W x \_\_\_\_\_ H (inches) = cubic inches (in<sup>3</sup>)  
[1 Gallon = 231 cubic inches] → [(\_\_\_\_\_ cubic inches) ÷ (231 in<sup>3</sup>)] = Gallons
- Capacity \_\_\_\_\_ Gallons
- Construction Material: \_\_\_\_\_
- Location of outlet to empty waste water tank: \_\_\_\_\_
- **At time of permitting, must able to demonstrate discharge of waste water properly.**
- Is there a valve to drain plumbing lines for winterization? YES ☐ NO ☐

**9. FRESH WATER TANK (PUSH CART IF APPLICABLE)**

- Size (Length x Width x Depth) of Fresh Water Tank:  
\_\_\_\_\_ L x \_\_\_\_\_ W x \_\_\_\_\_ H (inches) = Cubic inches (in<sup>3</sup>)  
[1 Gallon = 231 cubic inches] → [(\_\_\_\_\_ cubic inches) ÷ (231 in<sup>3</sup>)] = Gallons
- Capacity \_\_\_\_\_ Gallons
- Construction Material: \_\_\_\_\_
- Location of Inlet to fill tank: \_\_\_\_\_
- How is the Inlet covered or protected to prevent contamination: \_\_\_\_\_
- How will the Fresh Water Tank be refilled: \_\_\_\_\_
- **Attached Product Specification Sheet for Water Pump.**
- 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? \_\_\_\_\_
- **At time of permitting, must be able to demonstrate ability to fill fresh water tank properly.**

- Water Supply

A servicing area shall be available at the commissary/restaurant for the mobile food unit. This servicing area must provide a sanitary method of obtaining potable water from an approved water supply. A mobile food unit shall have a potable water system with hot and cold water that is under pressure.

What is the potable water supply for the mobile food unit?

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- Waste water

Where will the waste water tank be emptied? \_\_\_\_\_

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#### 10. WATER HEATER (PUSH CART IF APPLICABLE)

- Check One: Tankless ☐ Storage Tank ☐
- If Storage Tank type: Capacity \_\_\_\_\_ gallons
- Check One: Gas ☐ Electric ☐
- Gas, BTU's: \_\_\_\_\_ Electric, Kw's: \_\_\_\_\_
- Location: Outside ☐ Inside ☐
- Recovery Rate: \_\_\_\_\_ (Gallons/hr)
- Make: \_\_\_\_\_
- Model Number: \_\_\_\_\_

#### 11. NUMBER OF HAND WASH SINKS: \_\_\_\_\_

- Water Temperature at sink? \_\_\_\_\_

#### 12. UTENSIL WASHING EQUIPMENT (PUSH CART IF APPLICABLE)

- Number of Compartments of Utensil sink: \_\_\_\_\_
- Size (Length x Width x Depth) \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches
- Length of sink drainboards: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches
- Will utensils be washed during operating hours of the unit? YES ☐ NO ☐
- What type of Sanitization will be used? (check one) Chlorine ☐ QAC ☐ 180°F ☐
- Water Temperature at sink? \_\_\_\_\_

#### 13. FINISHES/MATERIALS OF CONSTRUCTION - MUST BE SMOOTH, NONABSORBENT AND EASILY CLEANABLE

- Floors: \_\_\_\_\_
- Walls: \_\_\_\_\_
- Ceiling: \_\_\_\_\_
- Counter tops: \_\_\_\_\_
- Cove Molding: \_\_\_\_\_

#### 14. AMBIENT AIR TEMPERATURE CONTROL

- Is there an Air Conditioner/Heater? YES ☐ NO ☐
- If yes, attached Product Specification Sheet.

## 15. ELECTRICAL

- Generator Manufacturer: \_\_\_\_\_
- Generator Model: \_\_\_\_\_
- Electrical Panel present? YES ☐ NO ☐
- Electrical Package \_\_\_\_\_ Amps
- Number of electrical outlets \_\_\_\_\_
- Are all electrical lines protected/shielded? YES ☐ NO ☐
- Number of Lights and Type \_\_\_\_\_
- Are the lights shielded? YES ☐ NO ☐

## 16. FIRE SUPPRESSION

- Is there a ventilation hood system installed? YES ☐ NO ☐
- If yes, is there a continuous flue 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? \_\_\_\_\_

## 17. MOBILE POWER SUPPLY

A properly designed, installed, and operating electrical supply system is required in order to maintain refrigerated equipment (cold food holding equipment), lights, exhaust hood(s), hot food holding equipment, and other equipment during transit (moving) and at the operation site.

The power supply system must be provided in order to maintain the operation of cold or hot food holding equipment anytime food is stored on the mobile food unit or when the mobile food unit is in transit (moving). The 2017 NC Food Code 3-501.16 states; Except during times of preparation, cooking, or cooling (not permitted on a mobile food unit) food shall be maintained 41 F or less; or 135 F or above. This includes food even when it is in transit (moving).

Cold Food Storage During Transit (moving):

Food for use in the mobile food unit will not be allowed to be transported in coolers. Food must remain in mechanical refrigeration while in transport (moving) and during operation times unless utilizing time as a public health control during operation/service times.

A separate power source such as an onboard RV type or ONAN type generator, battery bank and inverter(s), or an inverter(s) system wired to the engine's alternator will be required. The electrical system shall demonstrate that the proposed electrical system supply can support (at the minimum) refrigeration equipment during transit (moving).

**Once the mobile food unit has reached its operation site a larger generator can be utilized to supply power to other needed pieces of equipment. This larger generator shall demonstrate it has enough start up and running watts for the equipment plugged in to the generator.**

- Will food(s) be cooked at the commissary, placed onto the mobile food unit, stored hot and transported to the operation/service site? ☐ yes; or ☐ no.  
IF YES: What equipment will be used to keep the food(s) stored hot at 135 F or above during transport (moving)?  
\_\_\_\_\_

- Proposed Menu

A menu (include all food items and drinks) shall be provided with the submitted application and set of plans so that food handling procedures and preparation can be evaluated. In order to simplify the operations on the mobile food unit, the foods should be purchased in a pre-prepared state so that food handling on the mobile food unit is kept to a minimum.

All raw meats (beef, pork, lamb, poultry, seafood) that are cut, sliced, mixed with other ingredients, marinated, etc. shall be prepared at the commissary, not on the mobile food unit due to lack of work space and water for cleaning and sanitizing work surfaces. These items shall be stored at the commissary at 41 F or below.

All raw vegetables shall be thoroughly washed, cut, mixed with other ingredients, etc. at the commissary due to the lack in water supply on the mobile food unit. Cut vegetables shall be stored at the commissary at 41 F or below.

- Food Sources

Where will food be supplied from?

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- Proposed Menu (continued)

List Proposed Menu Items (or provide a written menu)

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- Will any animal food(s) such as beef, eggs, lamb, pork, poultry, seafood, or shellfish be served or offered raw or undercooked? ☐ Yes; or ☐ No
- If yes, The 2017 North Carolina Food Code 3-603.11 requires that a Consumer Advisory be posted to inform consumers of the increased risk of consuming such foods.
- Solid Waste Disposal  
How will solid waste, garbage, and recyclables generated from food production on the mobile food unit/ push cart be disposed of? \_\_\_\_\_  
\_\_\_\_\_

# Commissary Form Pushcart/Mobile Food Unit

Title 15A North Carolina Administrative Code 18A .2600 "Rules Governing the Sanitation of Food Service Establishments" specifies in section: **15A NCAC 18A .2670:**

*(a) A permit shall be issued by the regulatory authority that inspects the commissary from which a pushcart or mobile food unit is to operate, if the regulatory authority determines that the pushcart or mobile food unit complies with the rules of this section.*

*(b) The regulatory authority that issues the permit shall be provided by the permit holder a list of counties and locations where each pushcart or mobile food unit will operate.*

*(c) Prior to initiating food service operations in a particular county, the pushcart or mobile food unit permit holder shall provide the regulatory authority in each county in which food service operations are proposed a list of locations where they will operate. Such lists must be kept current.*

**\*To be completed by the pushcart/mobile food unit operator:** I agree to operate my mobile food unit/pushcart in conjunction with the commissary listed below. I understand that my mobile food unit/pushcart must report to the commissary at least daily on days of operation for servicing.

Check one: ☐ New Application/New Commissary ☐ Change of Commissary

Check one: ☐ Pushcart ☐ Mobile Food Unit

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

Owner Name: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(operator of Mobile Food Unit/Pushcart)

**\*To be completed by the permittee or owner of the permitted food service establishment located in Polk County:**

As the permittee or operator of the permitted food service establishment noted below, I agree to serve as a commissary for the Mobile Food Unit or Pushcart named above. I understand that as a commissary for the Mobile Food Unit or Pushcart, I must allow the Mobile Food Unit or Pushcart to return for servicing each day that it operates. I agree to allow the following (**please initial all that apply**):

☐ Provide a designated protected area for food and utensil storage, including refrigeration/freezer and dry storage area. I will label those designated spaces for the unit's exclusive use.

☐ Use of the food establishment's utensil sink to wash utensils used on the unit.

☐ Applies to a Mobile Food Unit only) Provide an exterior wastewater collection system for disposal of wastewater.

☐ (Applies to a Mobile Food Unit only) Provide a protected exterior connection to the potable water supply.

Name of Food Service Establishment serving as Commissary: \_\_\_\_\_

Address of Food Service Establishment: \_\_\_\_\_

Food Service Establishment Phone Number: \_\_\_\_\_

Email of owner/permittee: \_\_\_\_\_

Name of Owner/Permittee (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(owner/permittee)

- Environmental Health Department • 35 Walker St. Columbus NC, 28722 • 828-894-3739
- Mailing Address: PO BOX 308, Columbus, NC, 28722