



Yadkin County Environmental Health

To: New Push Cart/Mobile Food Unit Operators

From: Yadkin County Environmental Health

This office has been notified of your intent to operate a new Push Cart or Mobile Food Unit in Yadkin County. Please be advised that *North Carolina General Statute's 130A-28(b)* states that *"No facility shall commence or continue operation that does not have a permit issued by the Department. The permit shall be issued to the owner or operator of the facility **and shall not be transferable**. A permit shall be issued only when the facility satisfies all of the requirements of the rules..."*

The *"Rules Governing the Sanitation of Restaurants and Other Food Handling Establishments"* NCAC T15A.18 .2638(f) requires that *"Pushcarts or Mobile Food Units shall operate in conjunction with a permitted restaurant or commissary and shall report at least daily to the restaurant or commissary for supplies, cleaning and servicing..... Solid waste storage and liquid waste disposal facilities must also be provided on the restaurant or commissary premises."*

Minimum Submittal Checklist

**Applications without complete and accurate information will be returned to the applicant and will delay the Department in review, processing, and approval. A non-refundable fee of \$200.00 for mobile food units and \$150 for pushcarts will be assessed to owner/operator and must be paid with the submission of the application. **

- Completed mobile food unit application.
- Scaled diagram showing positioning of equipment and sinks.
- Manufacturer specifications for all installed equipment upon the mobile food unit.
- Complete and accurate menu for proposed mobile food unit (including all foods, drinks, and condiments)
- Complete **commissary form**.
- Completed **operational route form** for mobile food unit, including addresses, days, and times of operation.
- NCDA LP gas **inspection form**. Contact NCDA Standards and Division Section at 919-707-3225.

Mobile Food Unit / Pushcart Application

Type of Facility: 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: _____

Street/P.O. Box _____ City _____ State _____ Zip _____

*Please note that **Commissary Form** and **Operational Route Form** must be completed and submitted to the Yadkin County Environmental Health prior to issuance of permit.*

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 Sheet Other: _____

Projected number of meals:

Breakfast: _____ Lunch: _____ Dinner: _____

Food Protection Manager Certification:

Has the operator /PIC if the unit taken and passed an approved course within the last 5 years?

Yes No

Specialized Processes – Indicate any that will take place:

Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (eg: Vacuum) Smoking

Sprouting Beans Other

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

Mobile Food Units and Pushcarts: Menu Page

This page must be completed. A separate menu may also be submitted.

*All produce must either be washed at the Commissary or be purchased prewashed. **Be sure to specify where (at Commissary or on unit) that the food will be thawed, cut/wash, assembled, cooked, cold/hot held, and reheated.** Please use one row for each food item and include all beverages. If chart is not sufficient then make copy to enter additional items.*

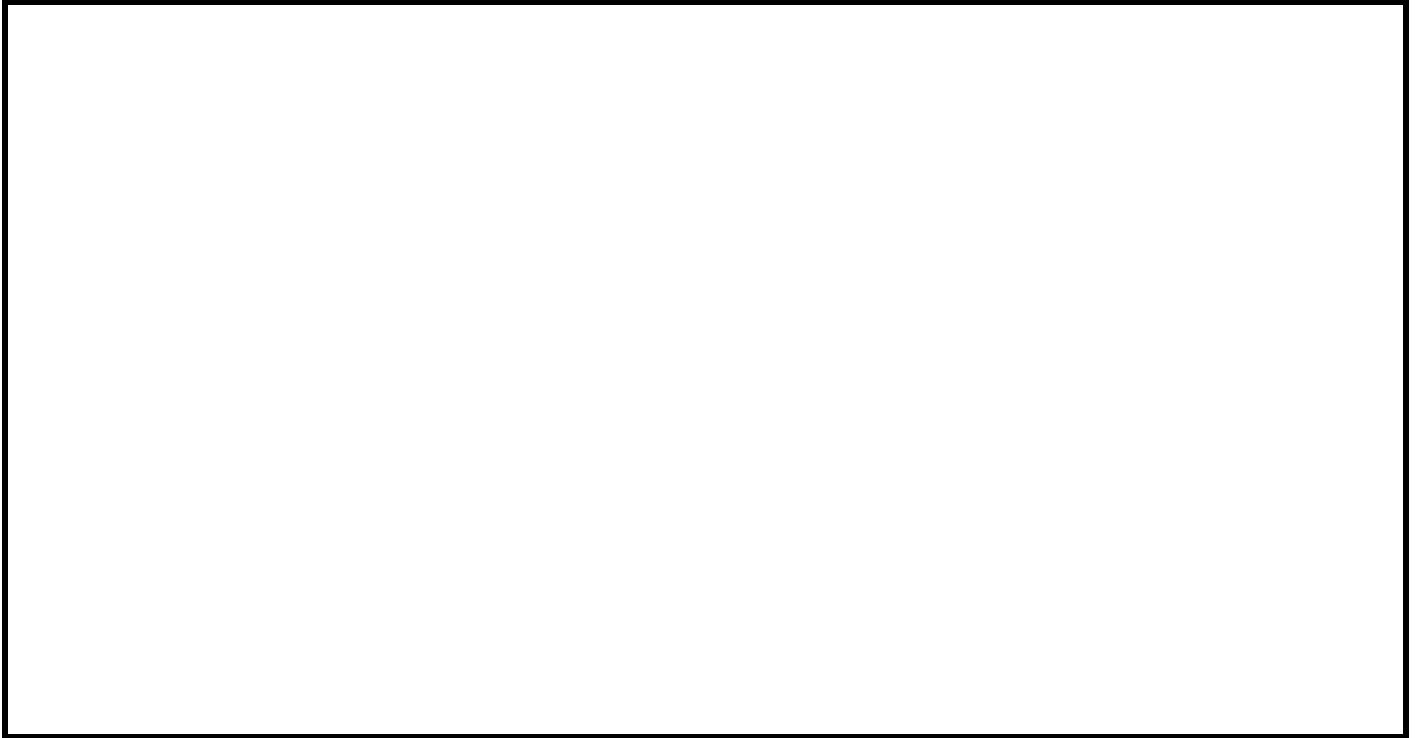
(*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED*)

| Food (Example) | Food Supplier Or Source | Thaw How? <u>Where?</u> | Cut/Wash Assemble <u>Where?</u> | Cook How? <u>Where?</u> | Cold/Hot Holding How? <u>Where?</u> | Will item be cooled down? How? | How will food be reheated? <u>Where?</u> |
|---------------------------|--|--|--|--|--|---|---|
| Hamburgers | Sam's Club | No thawing | No advance prep | Cooked on grill. | Hold in a crock with beef broth | No | No |
| Prepackaged condiments | Sam's Club | N/A | N/A | N/A | N/A | N/A | N/A |
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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.



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 and sketch a layout using the page provided.

| 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 | | | |

Pushcarts proceed to bottom of page 6

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

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

How is ventilation 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 |
|-------------------------------------|-------|----------|
| | | |

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 if outlet is 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 Yadkin County Environmental Health 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 Yadkin County Environmental Health 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 Yadkin County Environmental Health 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 Yadkin County Environmental Health 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.

Operator Name (printed): _____

Date: _____

Operator Signature: _____

Yadkin County Environmental Health

Mobile Food Unit/Pushcart Route Update Form

Name of Cart: _____

Owner's Name (may be a corporation, partnership, or individual): _____

Commissary/Base Restaurant Name: _____

Commissary/Base Restaurant Address: _____

Commissary/Base Restaurant City, State, and Zip: _____

Contact Person (individual): _____

Contact's mailing Address: _____

Contact's City, State, and Zip: _____

Contact's Phone: _____ Email: _____

Type of Facility: Mobile Food Unit Pushcart

Requirements for pushcarts and mobile food units found in 15A NCAC 18A .2600 "Rules Governing the Sanitation of Restaurants and Other Food handling Establishments stipulate in part that:

- The permit issued for operation of the pushcart or mobile food unit shall be posted on the unit.
- The local health department which issues the permit for a pushcart or mobile food unit shall be provided by individuals receiving a permit a list of counties and locations where each unit will operate.
- Individuals receiving a permit to operate a pushcart or mobile food unit shall provide the local health department in each county in which food service operations are proposed a list of locations where they will operate. Such lists must be kept current.
- Prior to initiating food service operations in a particular jurisdiction, the operator of the pushcart or mobile food unit shall submit to that particular jurisdiction such carts or units for inspection or re-inspections to determine compliance with the rules.
- Pushcarts or mobile food units shall operate in conjunction with a permitted restaurant or commissary and shall report at least daily to the restaurant or commissary for supplies, cleaning, and servicing.

Failure to follow the above regulations can result in your permit being suspended.

Vending Route (Specific days, times, and locations of operation):
(i.e. Saturdays – 10am-3pm – Municipal Parking Lot, East Elm Street)

Time of reporting back to commissary:

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____ Title: _____

REQUIREMENTS CAN BE FOUND AT:

NC Food Code Manual <http://www.deh.enr.state.nc.us/food/docs/NC-FoodCodeManual-2009-FINAL.pdf>

.2600 Rules for Food Establishments <http://www.deh.enr.state.nc.us/food/docs/15A-NCAC-18A-2600-FINAL.pdf>

NCDA & LP-Gas Inspections <http://www.ncagr.gov/standard/LP/>