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.
**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."

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

Check one: ☐ Pushcart  ☐ Mobile Food Unit

Restaurant / Food Stand Serving as Commissary

Name: ___________________________________________ Phone Number: __________________

Address: ____________________________________________ Street  City  State  Zip

Please list the hours that the Mobile Food Unit/Pushcart can use your facility:

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
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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 a designated protected area for food and utensil storage, including refrigeration/freezer and dry storage area.
- Provision of a suitable means of connection into the potable water supply as approved by Yadkin County Environmental Health.
- 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 Yadkin County Environmental Health.

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 Number: _______________

Mailing Address: ____________________________________________ Street/P.O. Box  City  State  Zip

Operator Name *(Printed)*: ___________________________________________
Signature: ___________________________________________ Date: ________________
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: ___________ _______________________________________________     City       State       Zip
Street/P.O. Box

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*)

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<tr>
<td>Hamburgers</td>
<td>Sam’s Club</td>
<td>No thawing</td>
<td>No advance prep</td>
<td>Cooked on grill.</td>
<td>Hold in a crock with beef broth</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Prepackaged condiments</td>
<td>Sam’s Club</td>
<td>N/A</td>
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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.

<table>
<thead>
<tr>
<th>Equipment Number</th>
<th>Equipment Type</th>
<th>Brand</th>
<th>Model Number</th>
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<tbody>
<tr>
<td>1</td>
<td>Example- Upright Storage Freezer</td>
<td>Electrolux</td>
<td>FCFS20</td>
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*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:

<table>
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<th>Floors (include types of junctures)</th>
<th>Walls</th>
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| 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:
NCDA & LP-Gas Inspections http://www.ncagr.gov/standard/LP/

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