



Moore County Health Department Environmental Health Section

PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127

Moore County Mobile Food Unit or Pushcart Permit Application

This application shall be completed and submitted to Moore County Environmental Health to begin the process of acquiring a permit for a mobile food unit (MFU) working in conjunction with a permitted commissary.

The following items *must* be submitted with this application to be considered complete:

- Completed Commissary Agreement Form
- Completed (all sections and pages) Mobile Food Unit/ Pushcart Application (this form)
- Floor plan layout **drawn to scale** showing the placement of each piece of equipment
- Manufacturer specification sheets for **all** Equipment
- Detailed, complete menu (including all food, drinks, and condiments)
- Applicable Plan Review Fee(s)

Applicant Information:

Name of Proposed Unit or Cart: _____

Applicant/Owner's Name: _____ Applicant's Phone: _____

Applicant's Address: _____ Street _____ City _____ NC _____ State _____ Zip _____

Applicant's Email Address: _____

Type of Permit: Mobile Food Unit Pushcart Check one: New Existing

Commissary Information*

**A signed commissary agreement must accompany this application. This form is attached at the end of this packet.*

Name and Address of proposed commissary:

Construction Materials*

**Note: all raw wood on the unit must be sealed or painted and smooth, nonabsorbent and easy to clean. Describe the type of material used in mobile units.*

Floors: _____ **Walls:** _____ **Ceilings:** _____

Utensil Sink and Washing (Pushcart, if applicable)

Utensil washing sink number of compartments:

Size of compartments (Length x Width x Depth) x x inches

Will utensils be washed on the unit during operating hours? Yes No

Does the sink have drainboards? Yes No

If not, describe where the soiled items will be stored before they are washed and where the clean items will be stored while they are air drying.

What type of sanitizer* will be used? Chlorine Quaternary Ammonium

**You must have a testing method (test strips) available for sanitizing solutions.*



Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127

Wastewater and Potable Water Holding Tanks

	Capacity (gallons)	Method and Location of Filling/Discharge
Potable (fresh) Water Tank		
Wastewater Tank (must be at least 15% larger than potable water tank)		

Hot Water Heater

Tank Type: Tankless: _____ GPM Tank: _____ GPH Recovery Rate

Fuel Source: Gas: _____ BTU Electric: _____ kW

Electrical

Manufacturer and Model Number: _____ Wattage: _____

How are lights shielded or shatterproof? _____

Operation Schedule

Provide an Operation Schedule notifying the health department of location, dates, and times of all operations. As a condition of your permit, this must be maintained current with MCEH. This can be achieved by sharing your google calendar with MooreCountyEH@gmail.com. Other alternative methods must be pre-approved by this office.

Note: If you have a permit issued by MCEH and are planning to operate at a location in another NC county, you **must** notify MCEH AND the Health Department in that county **prior** to operating.

Menu

Use the space below and table on the following page to describe menu items and processes in the MFU/PC and commissary. You may also attach additional pages, as needed. Changes to a menu after permitting must be pre-approved by MCEH, and processes on the MFU may be limited according to your issued permit. You must be as detailed and accurate as possible. Failure to include all menu items will result in a delay in your application. You must also attach a copy of your menu, including a designation for any items that will be served raw or undercooked*.

*Requires a consumer advisory per NC Food Code Manual 3-603.11.



Moore County Health Department Environmental Health Section

PO Box 279, Carthage, NC 28327

Phone (910) 947-6283

Fax (910) 947-5127



Food/Menu Items	Food Supplier /Source	Cut/Wash/Assemble Where?	Cook How? Where?	Where will item be hot/cold held?	Will item be cooled down? How? Where?	Thawing How? Where?	Reheating Where?
Ex. Meatballs	US Foods	<i>Meat is received raw in the commissary. Seasoning and breadcrumbs are added and meat portioned in the commissary.</i>	<i>Meatballs will be cooked in the commissary oven</i>	<i>In cambros until unit is open for operation. Item will then be moved to heated steam well</i>	<i>Some meatballs will be cooled on sheet trays in commissary walk in. Items are then stored in cooler</i>	<i>Meatballs will be thawed in the fridge the night before at the commissary.</i>	<i>We will add sauce to the meatballs and reheat them in the commissary.</i>



Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127

STATEMENT: I hereby certify that the information provided within this application is accurate and complete and I fully understand that any deviation or variance from this application without prior written permission from Moore County Environmental Health will prevent the issuance of an operational permit for the unit. I understand that this application will be returned to me if incomplete and will delay processing. The proposed commissary will also be reviewed concurrently, and if unable to be approved, I understand I must locate another commissary, and no permits may be issued until an approved commissary is acquired. I also understand that multiple inspections of the unit may be required and that if the unit is not in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600, an operational permit will not be issued. Approval of these plans and specifications by Moore County Environmental Health does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).

Signature: _____

(Owner/Operator or Designee)

Date: _____

Please Note:

A fee is required for each MFU/PC application and must be paid when submitted.
Submit Application to:

Moore County Central Permitting Attn: Environmental Health
Applications shall be emailed to MCApplEH@moorecountync.gov
For questions, please call Moore County Environmental Health: 910-947-6283



Moore County Health Department Environmental Health Section

PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127

Moore County Mobile Food Unit/Pushcart Commissary Agreement

This agreement shall be completed and submitted to Moore County Environmental Health in conjunction with an application for a mobile food unit (MFU) or pushcart (PC) **or** to request a change of commissary for a unit currently permitted with Moore County Environmental Health.

Check One:

New commissary in conjunction with new application for MFU or PC
 Change of commissary for a currently permitted unit

Applicant Information

Name of Unit or Cart: _____

Applicant/Owner's Name: _____ Applicant's Phone: _____

Applicant's Address: _____
Street _____ City _____ NC _____ State _____ Zip _____

Applicant's Email Address: _____

Type of Permit: Mobile Food Unit Pushcart

To be completed by the restaurant permittee or operator:

The management of the Commissary facility noted below, agrees to provide the Commissary for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the commissary privileges. Management understands and agrees to provide the following for each approval:

- Separate designated and labeled refrigeration, freezer and dry storage space
- A designated, protected area for food and utensil storage
- Use of the warewashing sink to wash utensils
- Use of any preparation sinks present in the facility for fruit/vegetable washing, meat preparation, etc.
- An accessible wastewater collection system for disposal of wastewater by gravity flow
- A protected connection to the potable water supply
- A mechanism to track commissary usage: sign-in, digital tracking, etc.
- Commissary access, as needed, for the operator to maintain rule compliance
- At least one conveniently located, accessible toilet

Name of Commissary: _____

Commissary Address: _____

Commissary Phone Number: _____ Email: _____

STATEMENT: *This agreement shall remain in effect as long as I am the commissary owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and Moore County Environmental Health. I agree to notify both parties in writing should this approval be rescinded.*

Name of Commissary Manager/Permittee: _____

Signature _____ Date: _____

(Owner/Operator or Manager)