



Mobile Food Unit/Push Cart Plan Review Application

Mobile Food Unit (MFU)

A fully enclosed design that can be readily moved. This unit requires mechanical refrigeration for potentially hazardous foods.

Pushcart (PC)

Serves only hotdogs and pre-packaged drinks and snacks. Designed to be maneuvered by one person. No food preparation on cart.

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Cell: (____) _____

Email: _____

Name of Proposed Unit: _____

Name for Permit: _____

Plan Review Submittal Checklist:

The following items must be included with this application:

- Completed Application and Shared-Use Kitchen / Commissary agreement.
- A \$75.00 plan review application fee.

The review of applications and construction evaluations are non-refundable. The review fee does not guarantee permit. Health Department review must be completed for the approval and permitting of Shared-Use Kitchen / Commissary spaces and construction of the Mobile Unit / Pushcart.

- Plans of the unit drawn to scale (1/4 inch = 1 foot; 1 inch = feet) including: equipment locations, a plan and profile view, plumbing schematic (plumbing lines, water heater, potable water tank, water pump, sewer vent, wastewater holding tank, et.). A plumbing schematic is not required for a pushcart.

Plans must include general plumbing, and lighting drawings and room finish schedules.

- Manufacturer specification sheets for all proposed food service equipment.
- Menu (including all food, drinks and condiments)
- Operational Schedule: list of proposed locations and times of operation.

What Type of Construction Materials Will be Used?

For Pushcart Only:

Pushcart Body (If prefabricated unit, provide make, model number, and specifications):

Location and description of protected storage location for pushcart when not in use:

For Mobile Food Unit Only:

Floors: _____ Walls: _____ Ceilings: _____

Countertops: _____ Light Shields: _____

List all food service equipment and attach manufacturer specification sheets:

(List for push cart where applicable.)

1. Cooking Equipment (fryers, grills, etc.):

2. Cold Holding Equipment (refrigerators, freezers, etc.):

3. Hot Holding Equipment (steam tables, hot lamps, etc.):

4. Stainless Steel Sink(s) (List for pushcart where applicable):

Size of Vat (length X width X depth): _____ X _____ X _____ inches

Size of Drain Boards (length X width) _____ X _____ inches

Food Preparation Procedures

Will Time as a Public Health Control be used for any menu item? Yes No

(3-501.19 Time as a Public Health Control)

<https://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

Will beef, eggs, fish, lamb, milk, pork, poultry, (including eggs), seafood or shellfish be served or sold raw or undercooked? Yes No

(3-603.11 Consumer Advisory)

Will any menu items be packaged for delivery? Yes No

Specialized Processes

Will specialized food processes be conducted? Yes No

You will need to submit your HACCP Plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment. *(8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process.)*

Check any specialized processes that will take place:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Curing | <input type="checkbox"/> Smoking | <input type="checkbox"/> Acidification (fermenting/pickling) |
| <input type="checkbox"/> Sprouting Beans | <input type="checkbox"/> Dehydrating | <input type="checkbox"/> Sous Vide |
| <input type="checkbox"/> Reduced Oxygen Packaging (e.g., ROP, canning, vacuum packaging) | | |
| <input type="checkbox"/> Other: _____ | | |

Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared and served.

- Thin meat: poultry, fish, eggs (hamburger, sliced meats, fillets)
- Thick meat: whole poultry (roast beef, whole turkey, chickens, hams)
- Cold processed food (salads, sandwiches, vegetables)
- Hot processed food (soups, stews, rice/noodles, gravy, chowders)
- Bakery food (pies, custards, cream fillings, toppings)

FOOD SUPPLIES: (Ingredient List)

List all foods & ingredients used in the foodservice establishment.

Chart A: Include all condiments, sauces, dry goods, cheeses, herbs, produce, bread, pasta, soups, etc.

Chart B: Include all meats, seafood, and other proteins.

Chart A: (Check all that apply)

Produce/ Dairy/ Dry Foods/ Sauces/Soups	Supplier / Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw / Fresh	Pre- Cooked	Whole	Pre- portioned

Chart B:

(Check all that apply)

Proteins: Meats & Seafood	Supplier / Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw / Fresh	Pre- Cooked	Whole	Pre- Portioned

LIST ALL MENU ITEMS

(Check all processes that apply)

Dish / Menu Item	Prepared Day of Service	Prepared Beforehand	Ready-to-Eat	Ready-to-Cook	Cooked then Cooled	Held Hot	Held Cold	Reheated

Cooling at Shared-Use Kitchen / Commissary

NO COOLING TO OCCUR ON MOBILE UNIT

Indicate how hot foods will be cooled rapidly from above 135°F to 41°F after being cooked.

(Check all that apply)

Cooling Process	Meat	Seafood	Poultry	Vegetables	Soup	Sauce
Shallow Pans in Refrigerator						
Ice Baths						
Blast Chiller						
Other Method (explain):						

KITCHEN EQUIPMENT FOR CATERED FOOD STORAGE

(Check all that apply)

Equipment	Number of Units	Amount of Space for Catering: Number of Shelves or ft ²
Walk-in Cooler		
Walk-in Freezer		
Reach-Ins		
Alto-Shams		
Hot Holding Cabinets		
Shelving in Dry Storage		

Purchasing food daily? Yes No

If **yes**, your purchase receipts should be maintained for review during inspection.

WASTEWATER AND POTABLE WATER EQUIPMENT

waste water tank must be at least 15% larger than the fresh water tank

(List for push cart where applicable)

1. Wastewater - Permanently Mounted Holding Tank:

Size (Length X Width X Depth): _____ X _____ X _____ inches

Capacity (Gallons): _____

Construction material: _____

2. Potable Water (holding tank):

Size (Length X Width X Depth): _____ X _____ X _____ inches

Capacity (Gallons): _____

Construction material: _____

3. Sewer Vent:

- Vents to exterior (vent protected from rain/vermin) **OR**
- Vents to interior by an air admittance valve

4. Water Pump (attach manufacturer's specification sheet)

5. Water Heater:

On-Demand / Tankless Storage Tank Heater

Size in gallons: _____

GAS (BTUs): _____

Electric (kW): _____

Operator Understands and Agrees to the Following:

I understand and certify that the information provided in this application is accurate.

- Any deviation or variance from the information contained in this application may void the food service permit for the unit.
- Multiple construction compliance inspections may be required prior to permitting.
- The food service permit will not be issued until the unit is in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600.
- The operator must comply with all other applicable code, law, or regulations imposed by other jurisdictions.
- A completed operational schedule must be submitted to the Department each month.
- Failure to submit monthly operational schedule can result in permit suspension or revocation.

Title 15A North Carolina Administrative Code 18A .2600 "Rules Governing the Sanitation of Food Service Establishments" specifies in section .2670 (d) Pushcarts and mobile food units shall operate in conjunction with a permitted restaurant and shall report at least daily to the restaurant for supplies, cleaning, and servicing.

North Carolina food rules can be found at <http://ehs.ncpublichealth.com/rules.htm>

Health Department evaluation of shared- use kitchen / Commissary spaces and construction of the Mobile Unit / Pushcart are subject to this review process, approval and permitting.

The review of applications and construction evaluations are non-refundable.

Name (Please Print): _____

Signature: _____ Date: _____

MOBILE FOOD UNIT AGREEMENT

Date: _____

I, _____, _____ of _____
responsible person owner /manager/etc. name of establishment
agree to allow the mobile food unit operated by _____ to operate from my
name of MFU owner/operator

establishment. I understand that this mobile food unit is required to return to my establishment after each day of operation for supplies, cleaning, and servicing. I also understand that failure of the MFU to return to my establishment after each day of operation may result in the revocation of the mobile food unit's permit.

Further, I understand that servicing the unit may include any and all of the servicing requirements noted below.

- Use of the restaurant utensil sink(s) for washing of mobile food unit or pushcart utensils.
- Provision of refrigerated or dry storage area for the mobile food unit or pushcart food or utensil items
- Provision of a suitable, exterior protected connection into the potable water supply as approved by the Environmental Health Specialist (Mobile Food Unit Only)
- Provision of a suitable, exterior means of disposal of wastewater as approved by the Environmental Health Specialist

Signature of responsible person from establishment: _____

This agreement may be terminated at any time. Please contact your local Health Department if this agreement is terminated.

MOBILE UNIT / PUSH CART OPERATING SCHEDULE

Provide an updated operating schedule to the County you were permitted in Toe River Health District once a month.

Date _____

Mobile Food Unit Name: _____

Operator Name: _____

Operator Email: _____

Billing Address: _____

Contact phone: _____

Commissary Name: _____

Commissary Address: _____

List all locations where you plan to operate. If operating on a fixed route or in multiple locations indicate the approximate time and dates, if applicable, that you will operate at each location.

Fixed Dates	Commissary / Shared Kitchen Times	Times of Operation	Operating Location Street and City
Example: Mon - Fri	11am - 2pm	3 pm - 6 pm	Town Hall 200 Park Ave. Banner Elk