

County of Moore  
Department of Health  
705 Pinehurst Avenue • P.O. Box 279  
Carthage, North Carolina 28327  
Telephone: 910-947-6283  
Fax: 910-947-5127

## MOBILE FOOD UNIT PERMIT APPLICATION

### APPLICANT INFORMATION:

CONSTRUCTION:  New-not built at this point  Remodel  Other \_\_\_\_\_

Mobile Food Unit Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Owner's Email Address \_\_\_\_\_

### Checklist

The following items must be submitted with this application: (initial each item completed)

Completed Commissary Agreement Form

Completed Mobile Food Unit Application (this form)

Food Equipment Layout (scale drawing) showing the placement of each piece of food service equipment

Manufacturer specification sheets for Food Service Equipment

Manufacturer specification sheet for Hot Water Heater

Menu (including all food, drinks, and condiments)

Plan Review Fee per mobile food unit

### Commissary Information

Proposed Commissary:

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

Phone: \_\_\_\_\_ Owner's/Manager's Name: \_\_\_\_\_

### Operation

Primary County of Operation:

Proposed Locations/Addresses/Dates/Hours of operation:

1.

2.

3.

4.

5.

**Finishes** (must be smooth, nonabsorbent, and easily cleanable)

Floors: \_\_\_\_\_ Walls \_\_\_\_\_ Ceilings \_\_\_\_\_

\_\_\_\_\_ Wall behind cooking equipment

### **Clean Water Storage Tank**

Water tank storage capacity: \_\_\_\_\_ gallons

Location:  inside unit  outside unit

Location of Potable Water Hose

### **Sewage Storage Tank**

Permanently mounted sewage storage tank: Capacity \_\_\_\_\_

Location:  inside unit  outside unit

### **Water Heater Specifications**

Manufacturer:

Fuel Type:  Gas \_\_\_\_\_ BTU       Electric \_\_\_\_\_ KW  
Type:  Tankless \_\_\_\_\_ GPM       Tank \_\_\_\_\_ GPH Recovery Rate

### **Generator**

Manufacturer: \_\_\_\_\_

Wattage: \_\_\_\_\_

### **Utensil Washing**

Number of sink compartments: \_\_\_\_\_

Size of compartments (inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Size of drain boards (length x width in inches) Right: \_\_\_\_\_ x \_\_\_\_\_ Left: \_\_\_\_\_ x \_\_\_\_\_

### **Hand Sinks**

Number of hand sinks: \_\_\_\_\_

### **Lighting**

Lighting (must be smooth and easily cleanable)

Shielded covers (      )

### **Raw/Undercooked Foods**

Will any animal foods such as beef, eggs, fish, shellfish, poultry, pork, milk, lamb, etc. be offered raw or undercooked? \_\_\_\_\_ no \_\_\_\_\_ yes, if yes\*, what food(s) \_\_\_\_\_

\*Consumer advisory must be posted per NC Food Code Manual 3-603.11.

### **Menu – Please include menu or describe below:**

Describe the following for each proposed menu item:

- Processing of the menu item in the commissary (cut, washed, thawed, marinated, cooked, chilled, etc.)
- Processing of the menu item in the mobile food unit (cooked, hot held, assembled, etc.)
- Hot transportation equipment (from commissary to mobile food unit)

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## **Application Submittal Information:**

Application, supporting documentation and fee(s) can be mailed to Moore County Central Permitting and Building Inspections, PO Box 905, Carthage, NC 28327 or can be hand delivered to Moore County Central Permitting and Building Inspections at 1048 Carriage-Oaks Drive, Carthage, NC 28327.

**STATEMENT:** I hereby certify that the information provided within this application is accurate and I fully understand that any deviation or variance from this application without prior written permission from Moore County Environmental Health will prevent issuance of an operational permit for the unit. I understand that this application will be returned to me if incomplete and will delay processing. 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Owner/Operator or Designee)**

*“To Protect and Promote Health through Prevention and Control of Disease and Injury.”*  
<http://www.moorecountync.gov/health/>