

**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

**Pushcart Plan Review Application**

The North Carolina Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600) require that plans drawn to scale for food service establishments shall be submitted for review and approval to the local Health Department (Moore County Environmental Health). Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation.

**Applicant Information**

Pushcart Name:

Owner's Name:

Owner's Address:

City: \_\_\_\_\_ North Carolina Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Applicant's E-mail:

\_\_\_\_\_

**Checklist**

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

\_\_\_\_\_ Commissary Form completed by both applicant and restaurant permittee/owner

\_\_\_\_\_ Completed Pushcart Plan Review Application (this document)

\_\_\_\_\_ Pushcart Specification Sheet (manufacturer can provide for specific model) Provide top and side view identifying all components (cooking equipment, bun storage, cooler, sink(s), water pump, potable and wastewater tanks, etc.)

\_\_\_\_\_ Signed and dated menu (include all food, drinks, and condiments)

\_\_\_\_\_ plan review fee

**Operational Location**

Proposed address of operation: \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_

**Commissary Information**

The pushcart must be taken to the commissary each day of operation for serving, supplies, and cleaning.

Proposed Commissary: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ NC Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Owner/Manager's Name: \_\_\_\_\_  
Days of Operation: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_

**Additional Locations**

Proposed address of operation: \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_  
Days of Operation: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Proposed address of operation: \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_  
Days of Operation: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_

**Pushcart Information:**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Hand sink on unit? \_\_\_\_ yes \_\_\_\_ no  
Utensil sink on Unit? \_\_\_\_ yes \_\_\_\_ no  
Potable Water Tank and Waste Water Tank (if present):  
Water tank storage capacity: \_\_\_\_ gallons  
Waste waters storage capacity: \_\_\_\_ gallons  
Secondary Cover for Cooking Area \_\_\_\_ yes \_\_\_\_ no

**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 of Applicant or Designee:** \_\_\_\_\_

**Date:** \_\_\_\_\_