



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STATEMENT: *This agreement shall remain in effect as long as I am the commissary owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and Moore County Environmental Health. I agree to notify both parties in writing should this approval be rescinded.*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