

*County of Moore  
Department of Health  
705 Pinehurst Avenue • P.O. Box 279  
Carthage, North Carolina 28327*

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Director

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## 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 \_\_\_\_\_

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**Clean Water Storage Tank**

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

Location:  inside unit  outside unit

Location of Potable Water Hose \_\_\_\_\_

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**Sewage Storage Tank**

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

Location:  inside unit  outside unit

**Water Heater Specifications**

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

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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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**RESTAURANT APPROVAL FOR OPERATION OF A PUSH CART/MOBILE FOOD UNIT**

***To be completed by the pushcart/mobile food unit operator:***

Check one:

- New Application/New Commissary  
 Change of Commissary

Check one:

- Pushcart Name: \_\_\_\_\_  
 Mobile Food Unit Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**\*\*The commissary must have at least one shelf in a refrigerator, freezer, and dry storage area for your use. These areas must be labeled, clean, and free of restaurant storage. Evaluation will be delayed if this task is incomplete.**

***To be completed by the restaurant permittee or operator:***

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Push Cart named above. I understand that as a commissary for the Mobile Food Unit or Push Cart, I must allow the Mobile Food Unit or Push Cart to return for servicing on a daily basis. I agree to allow the following:

***Check all that apply:***

- \_\_\_\_\_ (Required for mobile food unit only) Provide an exterior wastewater collection system by *gravity flow* as approved by the health inspector (REHS).  
\_\_\_\_\_ (Required for mobile food unit only) Provide an *exterior* protected connection to the potable water supply with backflow preventer as approved by the health inspector (REHS).  
\_\_\_\_\_ (Required for mobile food unit and pushcart) Use of designated refrigerated or dry storage area for food or utensil storage. I will label those designated spaces for the unit's exclusive use.  
\_\_\_\_\_ (Required for mobile food unit and pushcart) Use of the restaurant utensil sink to wash utensils used on the unit.  
\_\_\_\_\_ (Applicable to mobile food unit and pushcart) Use of the following restaurant preparation equipment:  
\_\_\_\_\_ Vegetable/fruit sink\*    \_\_\_\_\_ Meat/poultry sink\*    \_\_\_\_\_ Seafood sink\*    \*if present in commissary  
\_\_\_\_\_ Preparation tables    \_\_\_\_\_ Cooking equipment

Times that mobile food unit/pushcart operator will have access for use of this equipment (only non-peak hours) Mon

\_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_  
Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Name of Restaurant Serving as Commissary: \_\_\_\_\_

Restaurant Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Restaurant Phone Number: \_\_\_\_\_

Name of Restaurant Permittee (Print): \_\_\_\_\_

Signature of Restaurant Permittee or Operator \_\_\_\_\_

Date \_\_\_\_\_