

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

Robert R. Wittmann, M.P.H.
Director

Telephone: 910-947-3300
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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: _____

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

Environmental Health
Telephone: 910-947-6283
Fax: 910-947-5127

WIC
Telephone: 910-947-2797
Appointments: 910-947-3271
Fax: 910-947-2460

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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 _____