

ANSON COUNTY HEALTH DEPARTMENT

Environmental Health Division

605 McLaurin Street

Wadesboro, North Carolina 28170

1

**APPLICATION FOR MOBILE FOOD UNIT/PUSHCART**

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 (Anson County Environmental Services). Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation.

Use the attached Mobile Food Unit Application Guide to aid in completing this application.

In North Carolina no foods can be prepared at home or in any other non-permitted kitchen. Foods must be prepared on the mobile unit, on the push cart (hot dogs only), or in an approved restaurant permitted to prepare food for sale.

**A pushcart in North Carolina is defined as,** “A mobile piece of equipment or vehicle which serves hot dogs or goods that have been prepared, proportioned and individually pre-wrapped at a restaurant or commissary.” This means that only hot dogs can be actually prepared on a pushcart. Pushcarts can also be approved to sell wrapped food items; however, such sales must meet the documentation and labeling requirements in rule.2639 (d), (e), and (f).

**A mobile food unit in North Carolina is defined as,** “A vehicle mounted food service establishment designed to be readily moved.” It is a self-contained restaurant on wheels that is fully enclosed with floors, walls, and ceilings. Mechanical refrigeration is required for the cold storage of open and potentially hazardous foods. Mobile food units can be designed to allow the serving of a variety of foods and require the installation of the same types of equipment that one would expect to find in a permanent food service. This includes mechanical refrigeration and an on-board water system with a water heater. Sinks are required, including at a minimum, a hand wash sink. Water hose must be approved food-grade.

**Note:** Private residences cannot be used for commissary purposes. All units, when operating, must report daily to a food establishment or commissary; approved by this department, for supplies, cleaning, and servicing. The food establishment or commissary must include adequate storage for food and clean utensils. If the food establishment or commissary is found to be incapable of handling the extra needs of the pushcart or mobile food unit, an operational permit will not be issued.

Proposed Commissary Name:

Proposed Commissary Address:

Proposed Commissary Point of Contact Name:

Point of Contact Phone Number:

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**\*\*\*THE OPERATOR OF THE PUSHCART OR MOBILE FOOD UNIT MUST PROVIDE A LIST OF THE LOCATIONS THE UNITS WILL OPERATE.**

Date of application:

Owner's Name:

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

Applicant's Address:

Applicant's Equipment Construction Information: ( ) New; ( ) Remodel; ( ) Other:

Owner's E-mail Address:

**Checklist:**

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

\_\_\_ Completed Commissary Form (Completed by both applicant and restaurant permittee/owner)

\_\_\_ Completed Mobile Food Unit Operational Permit Application (this document)

\_\_\_ Food Equipment Layout (scale such as 1/2 inch = 1 foot) showing the placement each piece of food service equipment (top view and side view required) Include lighting, sinks, refrigeration, cooking equipment, water heater, steam tables, hood, water pump, etc.

\_\_\_ Plumbing Schematic (side view - does not need to be to scale) Show H/C water lines, "P" trap(s), vent(s), potable and sewer tanks\*\*Utility service lines and pipes may not be unnecessarily exposed.

\_\_\_ Manufacturer specification sheets for Food Service Equipment List

\_\_\_ Wiring Schematic (side view -- does not need to be to scale) \*\* Utility service lines and pipes may not be unnecessarily exposed.

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

\$75.00 plan review fee per Pushcart, \$250.00 per Mobile Food Unit

Commissary Information Proposed Commissary:

Address: \_\_\_\_\_ City: \_\_\_\_\_, NC

Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Application Submittal Information Application, supporting documentation and fee(s) can be mailed to Anson County Environmental Services, , 110 Ashe St, Wadesboro NC 28170 or can be hand delivered to Anson County Environmental Office Building at 605 McLaurin Street, Wadesboro, NC. Environmental

Primary County of operation: \_\_\_\_\_

Proposed location/address of operation:

Days and Hours of Operation:

Projected number of meals to be served (approximate):

Breakfast \_\_\_\_\_; Lunch \_\_\_\_\_; Dinner \_\_\_\_\_

Finishes (must be smooth, nonabsorbent, and easily cleanable) Floors: \_\_\_\_\_

Walls: \_\_\_\_\_ Ceilings: \_\_\_\_\_ Wall behind cooking

equipment: \_\_\_\_\_ (i.e., stainless steel) Water Storage Tank Water

tank storage capacity: \_\_\_\_\_ gallons Location: ( ) Inside unit ( ) Outside unit Construction

materials: \_\_\_\_\_ Potable

water hose stored in the following protected area: \_\_\_\_\_

Sewage Storage Tank Permanently mounted sewage storage tank: Capacity \_\_\_\_\_ gallons Location: ( )

Inside unit ( ) Outside unit Type of sewer vents on unit: ( ) Vent to exterior & protected ( ) Vent

to interior by an air admittance valve Water Heater Specifications Manufacturer:

\_\_\_\_\_ Model: \_\_\_\_\_ Fuel Type: ( ) Gas

\_\_\_\_\_ BTU ( ) Electric \_\_\_\_\_ KW Type: ( ) Tankless ( ) Tank 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 Lighting (must be smooth and

easily cleanable) Number of hand sinks: \_\_\_\_\_ Shielded covers ( )

Food Service Equipment List \*\*\*Food Equipment Layout and Manufacturer Specification Sheets must be labeled with corresponding number from this list\*\*\*

**\*\*\*ANY CHANGE IN OWNERSHIP REQUIRES A NEW PERMIT--PERMITS ARE NOT TRANSFERRABLE**

Where exactly will food and supplies be stored in the Restaurant?

What time of day will you be at the restaurant servicing your unit / preparing food?

Will the restaurant order food for you? YES/NO

If NO, where will you purchase food?

**A copy of your menu must be attached to this application.**

Draw the layout of your unit on the blank sheet provided.

Serial number of mobile food unit \_\_\_\_\_

NOTE: \* For NSF approved pushcarts, attach manufacturers' specifications sheets \*

**A signature is required from both the applicant of the proposed mobile food unit/pushcart and commissary before submitting this application for approval and before approval is determined.**

Name of Commissary:

Commissary Address:

Signature of applicant: \_\_\_\_\_

Signature of Commissary \_\_\_\_\_

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

STATEMENT: I hereby certify that the information provided herein is accurate to the best of my knowledge. I understand that: The Anson County Health Department will not approve Mobile food units and pushcarts which are found to be non-compliant with the design standards as prescribed within "Rules Governing the Food Protection and Sanitation of Food Establishments," 15A NCAC 18A .2600, and will not issue an operational permit. Any deviation of this application after receiving Department approval may result in the denial of an operational permit. Approval of this application or issuance of an operating permit by the Anson County Health Department does not constitute compliance with other codes, laws, regulations, and ordinances imposed by another regulatory authority having jurisdiction.

**\*\*\*ABSOLUTELY NO REFUNDS 24 HOURS AFTER THE APPLICATION HAS BEEN SUBMITTED\*\*\***

## FOR YOUR INFORMATION

### Permitting and schedule notifications:

- Mobile Food Units (MFU) must work in conjunction with a permitted restaurant or commissary within Anson County and must report daily to the facility for supplies, cleaning and servicing of the unit.
- Operators must provide a list to the Anson County Environmental Health Office of all locations the MFU will operate on a routine basis. If the MFU travels to other counties, the operator must notify that county prior to operation. This list must be kept current or the permit could be suspended.

### Storage:

- Adequate storage areas must be established and provided at the commissary prior to permitting. Storage of all extra supplies must be kept at the restaurant or commissary rather than in your personal homes or vehicles.

### Water Supply:

- All units must have a potable water system under pressure. The system shall furnish hot and cold water for all food preparation, utensil cleaning, and hand washing.
- Your unit's potable water tanks must be filled with a potable water hose at the restaurant or commissary using a clean and protected fresh water connection. If the restaurant and/or commissary uses well water as its water source, a sample must be taken prior to issuance of the permit
- The fresh water inlet on the MFU must be located above the sewage outlet connection, have a different connection and size than the sewage disposal connection, and it must be kept capped for protection unless being used. Sewage Disposal:
  - Your unit's sewage storage or gray water tanks must be at least 15% larger than the potable water tanks.
  - The tank(s) must be emptied and thoroughly flushed at the restaurant or commissary at an established dump station connected to a properly sized and approved on-site sewage disposal system or sanitary sewer system.

### Garbage Disposal:

- All garbage and other solid wastes shall be stored and disposed of in an approved manner.

### Equipment and Interior:

- All equipment and utensils must be NSF/ANSI approved commercial equipment or equivalent to NSF/ANSI standards and be approved by CHA, with the exception of toasters, mixers, microwave ovens, water heaters, and hoods.
- All cooking equipment must be located within the enclosed unit.
- All utensils, tables, sinks, cabinets and shelves must be clean and in good repair. All surfaces must be smooth, not readily corrodible and have no open cracks or joints that will collect food particles and debris.
- Shelves, tables and counters cannot be covered with paper, cardboard, or other absorbent material.
- Hot and cold holding, as well as cooking equipment, must be provided as needed.
- All floors, walls, and ceilings shall be smooth, non-absorbent, and easily cleanable (cold holding units equipped with a thermometer).

**Sinks:**

At least a single-compartment commercial sink with rounded corners, backsplash protection, and hot/cold water is required for utensil washing. Drainboards shall be provided as specified in Section 4-301.13 of the North Carolina Food Code Manual as amended by Rule .2654 to accommodate all soiled and cleaned items that accumulate during operation. This sink must be of sufficient size to submerge, wash, rinse, and sanitize your largest utensils or pots. Domestic sinks are not approved for this use.

A separate handwashing sink is required with hot (min. 100° F) and cold water provided through a combination faucet. Soap and single-service towels are required.

**Food Protection:**

Food, drink, utensils, and equipment must not be exposed to insects, dust and other sources of contamination.

Protection against flies and other insects must be provided by screening or by effective use of fans.

All foods shall be obtained from approved sources and handled in a sanitary manner.

All potentially hazardous foods must be maintained at or below 45°F (ideal 41° F) or at or above 135°F.

An accurate (+/-2°F) metal stem thermometer must be provided to check food temperatures. A suitable small diameter probe thermometer that is designed to measure the temperature of thin foods (such as meat patties) may be required.

No bare hand contact with ready-to-eat food (RTE) items is allowed.

**Employees:**

Employees shall be clean and wear clean outer clothing and effective hair restraints. No tobacco should be used in any form while in the foodservice area.

If not already certified, a person in charge (PIC) on-site must demonstrate knowledge of food safety by passing a test as a certified food protection manager within 210 days of issuance of the permit.

**Disease and Illness:**

No person who has a communicable or infectious disease that can be transmitted by foods, or who is a carrier of organisms that cause such a disease, or who has a boil, infected wound, or an acute respiratory infection with cough and nasal discharge, shall work in a mobile food unit in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces, with disease-causing organisms or transmitting the illness to other persons. An employee health policy must be in place for all employees.

**NC FOOD CODE LINK:** <http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf>

**FOOD PROTECTION AND SANITATION OF FOOD ESTABLISHMENTS LINK:**  
<http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf>

**LIST THE COUNTIES YOU PLAN TO SELL FOOD IN DURING OPERATION:**

**LAYOUT OF THE MOBILE FOOD UNIT (MFU)/PUSHCART**



CONSTRUCTION MATERIAL
FOOD SERVICE EQUIPMENT
COLD HOLDING EQUIPMENT
HOT HOLDING EQUIPMENT
SINKS
WASTEWATER AND POTABLE WATER HOLDING EQUIPMENT AND WATER HEATER

**4-205.10 Food Equipment, Certification and Classification.**

**Except for toasters, mixers, microwave ovens, water heaters, and hoods, FOOD EQUIPMENT shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program. If the EQUIPMENT is not certified or classified for sanitation, the EQUIPMENT shall meet Parts 4-1 and 4-2 of the Food Code as amended by this Rule. Nonabsorbent wooden shelves that are in GOOD REPAIR may be used in dry storage areas.**

**4-201.11 Equipment and Utensils.**

EQUIPMENT and UTENSILS shall be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions



**Form 1-B Conditional Employee or Food Employee Reporting Agreement**

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to norovirus, Salmonella Typhi, Shigella spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC), or hepatitis A virus

*The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.*

**I AGREE TO REPORT TO THE PERSON IN CHARGE:**

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

**Future Medical Diagnosis: Whenever diagnosed as being ill with:**

Norovirus,  
Typhoid Fever (Salmonella Typhi),  
Shigellosis (Shigella spp. infection),  
Escherichia coli O157:H7 or other EHEC/STEC infection, or  
Hepatitis A (hepatitis A virus infection)

**Future Exposure to Foodborne Pathogens:**

1. Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.

**I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:**

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices. I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) \_\_\_\_\_  
 Signature of Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_  
 Food Employee Name (please print) \_\_\_\_\_  
 Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Permit Holder or Representative \_\_\_\_\_ Date \_\_\_\_\_