

BLADEN COUNTY HEALTH DEPARTMENT

Environmental Health Section
450 Smith Circle Elizabethtown, NC 28337
Phone:(910) 862-6852 Fax:(910) 862-6932



MOBILE FOOD UNIT APPLICATION

Type of Application: New Application Change of Commissary Change of Ownership

Name of Unit: _____ **VIN # of Unit:** _____

Name of Applicant: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name/Corporation to be listed on permit: _____ **Phone:** _____

Permittee Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Projected Start Date:** _____

Location of Commissary: _____

Application Submission Requirements:

- 1) Completed application and commissary agreement form.
- 2) Proposed menu.
- 3) Scaled drawing or plans for unit.
- 4) Manufacturer's specification sheets for all proposed food service equipment.
- 5) Proposed operational schedule including addresses, times, and days of the week.
- 6) Non-refundable plan review fee: \$100.00

Statement: I hereby certify that the information provided herein is accurate to the best of my knowledge.

I understand that:

- Any deviation or variance of this application after it has been approved by this Department may result in the delay or denial of an operational permit.
- Mobile food units or pushcarts which are found to be non-compliant with the design standards listed in 15A NCAC 18A .2600 "Rules Governing Food Protection and Sanitation of Food Establishments" will not receive an operational permit from this Department.
- Approval of this application or issuance of an operational permit by Bladen County Environmental Health does not constitute compliance with other codes, laws, regulations, and ordinances imposed by other regulatory authority having jurisdiction.

Signature of Applicant/Operator: _____ **Date:** _____

1) **EMPLOYEE HEALTH POLICY** – Does the facility currently have an employee health policy in place?

Yes No If yes, please explain how staff is trained on employee health requirements:

2) **SPECIALIZED PROCESSES** – Indicate any of the following processes that will be used during preparation:

Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (vacuum-sealing)
 Smoking Sprouting Beans Other

3) **COLD STORAGE FACILITIES** – Provide the total number of refrigerators and freezers on the unit and total cubic feet.

Type of Cold Storage Unit	Number of Units	Cubic Feet (listed on spec sheet)
Reach-in Refrigerators		
Reach-in Freezers		
Sandwich/Prep Refrigerators		
Other Units		

-List items that will be held cold on the unit: _____

-How will cold food items maintain 41 F or below while unit is being transported? _____

-Where will cold food be stored when the unit is parked and not in use? _____

4) **HOT STORAGE FACILITIES** – Provide the type and total number of hot storage units on the unit:

Type of Hot Storage Unit	Number of Units	Manufacturer/Model
Tabletop Steamer/Warmer		
Steam Table		
Hot-holding cabinet		
Other Units		

-List items that will be held hot on the unit: _____

-How will hot food items maintain 135 F or above while unit is being transported? _____

5) **CONSUMER ADVISORY**– List food items that will be served to the public raw or undercooked:

6) **OPERATION DETAILS**

PRODUCE

- Where will produce be stored once received/purchased? _____
- Will produce require washing prior to preparation? Yes No
- If yes, describe the produce washing procedure and location: _____
- Where will the produce be stored once it has been washed and prepped? _____

MEATS

- Where will meat be stored once received/purchased? _____
- Will meat require washing prior to preparation? Yes No
- If yes, describe the meat washing location: _____
- Where will the meat be stored once it has been prepped? _____
- Will any meats or eggs be served raw or undercooked? Yes No

SEAFOOD

- Where will seafood be stored once received/purchased? _____
- Will seafood require washing prior to preparation? Yes No
- If yes, describe the seafood washing location: _____
- Where will the seafood be stored once it has been prepped? _____

POULTRY

- Where will poultry be stored once received/purchased? _____
- Will poultry require washing prior to preparation? Yes No
- If yes, describe the poultry washing location: _____
- Where will the poultry be stored once it has been prepped? _____

COOLING

- Will foods be cooled down on the mobile food unit? Yes No
- If yes, list the food item and check the type of cooling procedure used in the chart below:

Food Item	Refrigerator	Ice Bath	Ice Paddle	Add Ice as Ingredient	Other

THAWING

- Will foods be thawed on the mobile food unit? Yes No
 If yes, list the food item and check the type of thawing procedure used in the chart below:

Food Item	Refrigerator	Running Water (less than 70 F)	Cooked Frozen	Microwave	Other

7) DRY STORAGE – Describe the storage location of the items listed below:

- Single-service items (paper plates, utensils, cups, etc.): _____

 Food items (condiments, bread, etc.): _____

 Chemicals: _____

 Employee personal items: _____

8) MOBILE UNIT DETAILS

WASTE WATER TANK

- Size of tank: Length _____ inches Width _____ inches Depth _____ inches
 Capacity of tank: _____ gallons (NOTE: Must be at least 15% larger than fresh water tank.)
 Type of tank (plastic, metal, etc.): _____
 Location of tank outlet: _____
 Type and size of tank outlet valve: _____
 How will wastewater be transferred into the approved wastewater system at the commissary?

FRESH WATER TANK

- Size of tank: Length _____ inches Width _____ inches Depth _____ inches
- Capacity of tank: _____ gallons
- Type of tank (plastic, metal, etc.): _____
- Location of inlet to fill tank: _____
- How is inlet to the water tank covered and protected? _____
- What type of water pump will be used (manufacturer/model)? _____

- Where will drinking water hose used to fill the fresh water tank be stored and how will it be protected from contamination?

WATER HEATER

- Type of water heater proposed: Tankless Storage Tank
- If storage tank type, what is the capacity? _____ gallons
- Manufacturer & Model Number: _____
- How is the water heater powered? Electric Gas
- Location of water heater: Inside Outside

UTENSIL WASHING EQUIPMENT (on the mobile food unit)

- Number of compartments: _____
- Size of sink basins: Length _____ inches Width _____ inches Depth _____ inches
- Will utensils be washed on the unit during operating hours? Yes No
- If yes, where will dishes and utensils be air-dried? _____
- What type of sanitizer will be used on the unit? Chlorine Quat 180 F Water

HAND SINKS

- Number of hand sinks on the unit: _____

FINISHES

- List the materials that will be used during construction for the following:
 - Flooring: _____
 - Walls: _____
 - Ceiling: _____
 - Cook area: _____
 - Baseboard coving: _____

LIGHTING/VENTILATION

- Are lights on the unit shielded or shatter-resistant?
- How will the window(s) and door(s) be protected against the entry of flies and other pests?

- Is a ventilation hood installed for cooking equipment? Yes No
- If yes, what is the make, model, and size? _____
- Is the unit air-conditioned or equipped with fans? Yes No Type: _____

ELECTRICAL/MECHANICAL

- Is the unit equipped with a generator? Yes No
- If yes, what is the make, model number, and size (wattage) of the generator? _____
- How will refrigerated equipment be powered while unit is in transport? _____
- Does the mobile food unit have gas appliances? Yes No
- If yes, you will need to contact the North Carolina Department of Agriculture at (919) 707-3231 for an inspection of the gas lines and equipment prior to the issuance of an operational permit.

Please feel free to contact us at (910) 863-6852 if you have questions about this application.

Submit completed application to:

**Bladen County Health Department-Environmental Health Division
450 Smith Circle
Elizabethtown, NC 28337**

COMMISSARY AGREEMENT FORM

Type of Application: New Application/Change of Ownership Change of Commissary

Type of Operation: Mobile Food Unit Pushcart

Name of Unit: _____

Name of Owner/Operator: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Title 15A NCAC 18A .2600 "Rules Governing Food Protection and Sanitation of Food Establishments" specifies in Section .2670 (a): "A *permit shall be issued by the regulatory authority that inspects the commissary from which a pushcart or mobile food unit is to operate, if the regulatory authority determines that the pushcart or mobile food unit complies with the Rules of this Section.*"

Mobile Food Unit/Pushcart Operator: I agree to operate my mobile food unit/pushcart in conjunction with the commissary listed below. I understand that my mobile food unit must report to the commissary at least daily on days of operation for servicing. I also understand that I must notify Bladen County Environmental Health when the location and days/times of my operation changes.

Signature of Mobile Food Unit Operator: _____ **Date:** _____

Name of Commissary: _____

Name of Owner/Operator: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Commissary Owner/Operator: As the permittee or operator of the permitted food service establishment above, I agree to serve as a commissary for the mobile food unit or pushcart named above. I understand that as a commissary for the mobile food unit or pushcart, I must allow the mobile food unit or pushcart to return for servicing each day that it operates. I agree to allow the following (please initial):

_____ Provide a designated protected area for food and utensil storage, including refrigerator/freezer and dry storage space.

_____ Use of the food service establishment's utensil sink to wash utensils from the unit and from food prep.

_____ Provide an approved potable water supply and properly functioning wastewater disposal system.

Signature of Commissary Owner/Operator: _____