



# BLADEN COUNTY HEALTH DEPARTMENT

## Environmental Health Section

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



### 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_