



Wilson County Health Department

1801 Glendale Drive SW • Wilson, NC 27893-4401 • Phone 252.237.3141

Pushcart and/or Mobile Food Unit Application

This application must be completed in its entirety, or your review may be significantly delayed.

Type of Permit: Mobile Food Unit Pushcart

Check One: New Application Change of Commissary Change of Ownership

Name of Unit or Cart: _____

Name of Applicant: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Manager/Person in Charge: _____

Email Address: _____ Cell Phone: _____

Mailing Address for Unit or Cart: _____

City: _____ State: _____ Zip Code: _____

Establishment is owned by: Association Corporation Individual
 Partnership Other Legal Entity

Permittee Name: _____

APPLICATION SUBMISSION REQUIREMENTS:

- | | |
|---|---|
| 1. Completed application & \$250 fee | 2. Proposed Menu |
| 3. Drawing/floorplan of unit | 4. Manufacturer's specification sheets for all proposed service |
| 5. Proposed operational schedule
(Locations, times, and dates) | 6. Commissary agreement signed by both parties |

STATEMENT: I hereby certify that the information provided within this application is accurate. I understand that:

- any deviation or variance from the information contained in this application may void the operation permit for the unit,
- multiple inspections of the unit may be required,
- if the unit is not in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600 and NC Food Code, the operation permit will not be issued or may be revoked, and
- approval of these plans and issuance of a permit does not relieve me of the obligation to comply with other applicable code, law, or regulation imposed by other jurisdictions

Signature: _____ Date: _____

(Applicant/Operator)

OFFICE USE ONLY

Fee: *250.00* Date Received: _____ Receipt #: _____



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1. HOURS OF OPERATION - List the hours of operation for each day of operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

2. Primary County of operation: _____ Other Proposed Counties: _____

3. Proposed location/address of operation: _____

4. FRESHWATER STORAGE TANK

- Water Supply: Municipal Well
- Size (Length x Width x Depth) of tank: _____ x _____ x _____
- Capacity _____ gallons
- Construction Material: _____
- Location: Inside Unit Outside Unit
- Location of inlet to fill tank: _____
- How is the inlet covered or protected to prevent contamination? _____

- How will the freshwater tank be re-filled? _____

- Do you have an approved drinking (potable) water hose to fill freshwater tank? Yes No
- How and where will drinking (potable) water hose be stored between uses? _____

- Location of freshwater tap at commissary: _____

5. WASTEWATER TANK – NOTE: Must be 15% larger than freshwater tank

- Wastewater disposal: Municipal Septic
- Size (Length x Width x Depth) of tank: _____ x _____ x _____
- Capacity _____ gallons
- Construction Material: _____
- Location: Inside Unit Outside Unit
- Location of outlet to fill tank: _____
- Is there a valve to drain plumbing lines for winterization? Yes No
- Location of wastewater disposal at commissary: _____

AT TIME OF PERMITTING, MUST BE ABLE TO DEMONSTRATE ABILITY TO FILL FRESHWATER TANK AND DISCHARGE WASTEWATER TANK PROPERLY. A FOOD GRADE POTABLE WATER HOSE THAT CAN REACH FROM COMMISSARY WATER SUPPLY TO THE MFU WATER INLET CONNECTION MUST BE PROVIDED

6. WATER HEATER SPECIFICATIONS

- Check one: Tankless Storage Tank
 - If storage tank, capacity _____ gallons
- Check one: Gas _____ BTU Electric _____ KW
- Check one: Outside Inside
- Recover rate: _____
- Manufacturer: _____
- Model Number: _____



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7. Electrical

- Generator Manufacturer: _____ Model: _____
- Electrical Panel Present? Yes No
- Electrical Package _____ Amps
- Number of electrical outlets _____
- Are all electrical lines protected/shielded? Yes No
- Number of lights and type: _____
- Are the lights shielded/protected? Yes No

8. AMBIENT AIR TEMPERATURE CONTROL

- a. Is there an air conditioner and/or heater? Yes No

9. FIRE SUPPRESSION

- a. Is there a ventilation hood system installed? Yes No
 - i. If yes, is there a continuous flue to the exterior of the truck? Yes No
- b. Is there a fire extinguisher? Yes No
 - i. If yes, what type is it? (Check all that apply) ABC K

10. 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 _____
- Will utensil washing be washed during operating hours of the unit? Yes No
- What type of sanitizer will be used? _____

11. HAND SINKS

- a. Number of hand sinks: _____ Water Temperature: _____

12. FINISHES – Describe construction material (Must Be smooth, non-absorbent, and easily cleanable)

- a. Floors: _____
- b. Walls: _____
- c. Ceiling: _____

13. EQUIPMENT – List all equipment and attach manufacturer’s specification sheets

All equipment must meet requirements set forth in rule 4-205.10 of NC Food Code

- Cooking Equipment (fryers, grills, etc.): _____

- Hot Holding Equipment (steam tables, heat lamps, etc.): _____

- Cold Holding equipment (refrigerators, freezers, etc.): _____



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- Describer how equipment will be secured to prevent it from shifting during transport:

14. **COLD STORAGE FACILITIES** – Provide total number of refrigerators and freezers on unit and total cubic feet. (list for pushcarts where applicable) Attach manufacturer’s specification sheets:

Type of Cold Storage	Number of Units	Cubic Feet
1. Reach in refrigerators		
2. Reach in freezer		
3. Prep unit		
4. Other		

15. **PROJECTED NUMBER OF MEALS** - List the approximate number of meals you plan to serve for each meal, each day:

Breakfast _____ Lunch _____ Dinner _____

16. **SPECIALIZED PROCESSES** – Indicate any that will take place:

- N/A
 Curing
 Sprouting Beans
 Acidification (sushi, etc.)
 Smoking
 Reduced Oxygen Packaging (eg: Vacuum) Smoking
 Other

17. FOOD DETAILS

PRODUCE

- Will produce require washing prior to preparation? Yes No
- If no, documentation of “ready-to-eat state will be required.
- Is there an approved location for washing and/or preparing produce? Yes No
- Describe procedure and location: _____

MEATS

- Will raw meat products be used in food preparation? Yes No
- If yes, will meats require washing prior to preparation? Yes No
- Is there an approved location used for washing and/or preparing meats? Yes No
- Describe procedure and location: _____



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SEAFOOD

- Will seafood products be used in food preparation? Yes No
- If yes, will fish and/or seafood require washing prior to preparation? Yes No
- Is there an approved location used for washing and/or preparing seafood? Yes No
(Prepare: cut, bread, etc.)
- Describe procedure and location: _____

POULTRY

- Will raw poultry products be used in food preparation? Yes No
- If yes, will poultry require washing prior to preparation? Yes No
- Is there an approved location used for washing and/or preparing poultry? Yes No
(Prepare: cut, bread, patty, etc.)
- Describe procedure and location: _____

HOLDING – Will food be held?

- Hot (> 135°F) Yes No
- If yes, holding method(s) used: _____ How long held? _____
- Cold (<41°F) Yes No
- If yes, holding method(s) used: _____ How long held? _____
- How will refrigeration be maintained during transit? _____

- Will food be transported hot? Yes No
- If yes, how will temperature be maintained during transit? _____

MENU Provide a menu of all items to be prepared and served including ice.

Attach a separate sheet if necessary.

Food or Beverage items	Source	Where Prepared	Method of Preparation
Example: Hamburgers	Fred's Club	MFU	Purchased pre-pattied, cooked on flat top grill
Example: Tomatoes	Food Lion	Commissary	Washed and chopped at commissary. Cooled on ice during transport. Placed in prep unit



***EHS may request receipts during inspection**

- Will you be offering raw and/or under cooked food items? Yes No
- If yes, what food item(s)? _____

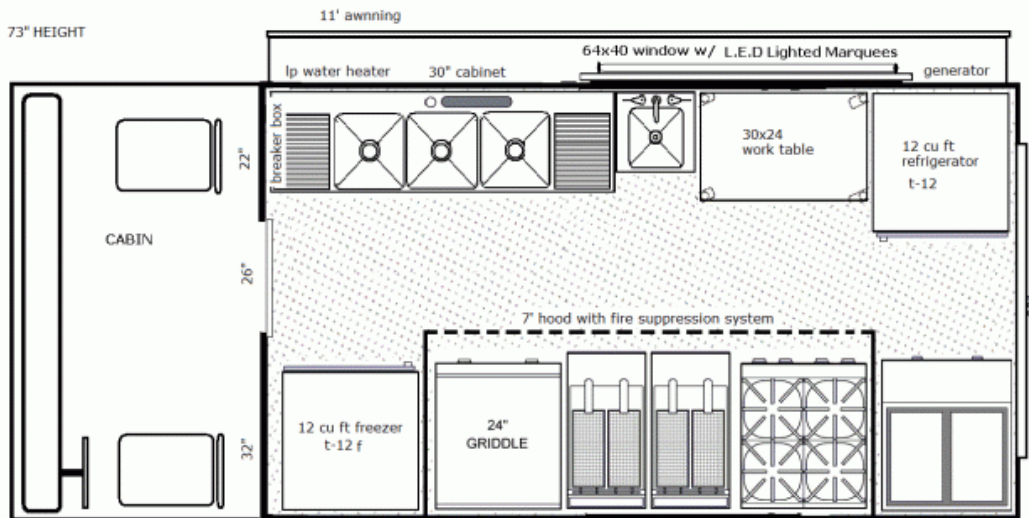
*If yes, a consumer advisory must be posted in accordance with 3-603.11

DRY STORAGE – Describe number and location of shelving for:

- Single service items (paper products) _____
- Dry food (bread, condiments, etc.) _____
- Chemicals _____
- Employee personal items _____



SUBMIT A SKETCH OF YOUR UNIT/PUSHCART ON ANOTHER PAGE. EXAMPLE BELOW



VEHICLE INFORMATION

- Pull behind trailer Food Truck (drivable) Pushcart
- License Plate #: _____
- VIN # (trailers only): _____

Can your contact information be shared upon public request? Yes No

15A NCAC 18A .2670 GENERAL REQUIREMENTS FOR PUSHCARTS AND MOBILE FOOD UNITS *requires:*
<http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf>

OFFICE USE ONLY

Date Reviewed: _____ EHS: _____

Comments: _____

