

Cumberland County Environmental Health



Mobile Food Units

Office Hours
Monday through Friday
8:00 AM to 5:00 PM
For an appointment, call (910)433-3618

Cumberland County Health Department
Environmental Health Division
1235 Ramsey Street
Fayetteville, N.C. 28301
(910)433-3618





**CUMBERLAND COUNTY
NORTH CAROLINA
DEPARTMENT OF PUBLIC HEALTH**

MOBILE FOOD UNIT APPLICATION GUIDE

Use this helpful guide as you complete your Mobile Food Unit Application

Applicant Information

- ❖ This information is critical for us to have so that we may contact you via mail, phone, and email.
- ❖ If you plan to bring an interpreter to the construction visits, please add this person's name and phone number underneath your email address.

Checklist

- ❖ A commissary form.
- ❖ Your commissary form will be given to a field inspector to evaluate if it can support your mobile food unit. A commissary must have at least one shelf in the refrigerator, freeze, and dry storage area for your use. These areas must be clean, labeled, and free of restaurant storage. Evaluation will be delayed if the storage area is not addressed.
- ❖ Food Equipment Layout drawn to scale no smaller than $\frac{1}{4}" = 1$ foot. It is recommended that a professional draw the food equipment layout, plumbing schematic, and electrical schematic. Include "manufacturer Specification Sheets."
- ❖ Remember to label both the Food Equipment Layout and Manufacturer/Equipment Specification Sheets with corresponding numbers (see application, bottom of page 2)
- ❖ Checks must be addressed to Cumberland County Environmental Health
- ❖ It is highly recommend using a 25-gallon tank for fresh water, using the PDF software.

Commissary Information

- ❖ A food service establishment that services and serves as a base for mobile food units and pushcarts selling potentially hazardous foods (ice cream trucks exempt). The commissary may or may not serve customers at the base location. Every mobile food unit and pushcart is required to operate from an approved commissary and report to the commissary at least once during each operating day. All support and servicing activities must be carried out at the approved commissary. These activities include washing, recharging the potable water tank, food storage, food preparation (i.e., washing of meats and vegetables, dicing tomatoes, onions, etc.). These servicing activities cannot be done at a private residence. A written agreement from an approved commissary must be provided to this department to permit approval.

Application Submittal Information

- ❖ Applications can be mailed, or hand delivered. Due to coordination of payment and the large volume of supporting documentation, it is not recommended that an application be faxed.

Operation

- ❖ This information is required so the field inspector will know where you will be initially operating after permitting.
- ❖ It is recommended that you check with the Zoning Department in the municipality where you want to work. Some municipalities have restrictions concerning the operation of mobile food units. Also, some may require privilege licenses.

Finishes

- ❖ Floors (except anti-slip), walls and ceilings shall be designed, constructed, and installed to be smooth, nonabsorbent, and easily cleanable.
- ❖ Utility service lines and pipes may not be unnecessarily exposed.

Water Storage Tank

- ❖ The potable water storage tank and appurtenances shall be made safe, durable, and non-absorbent materials and finished to have a smooth, easily cleanable surface.
- ❖ A food grade potable "drinking water safe" water hose must be provided and be of adequate length to extend from the water supply (at the commissary) to the water inlet connection on the mobile food unit.
- ❖ The food grade potable water hose must be stored in a protected area.
- ❖ The storage capacity shall be at least 25 gallons. A larger supply tank may be needed based on the needs of the equipment and menu.

Sewage Storage Tank

- ❖ The sewage storage tank must be 15% larger capacity than the water storage tank and shall be permanently installed on the mobile food unit.
- ❖ The sewage discharge hose must be of adequate length to extend from the sewage outlet on the mobile food unit to the approved sewage disposal drain at the commissary.
- ❖ The waste connection shall be lower than the water inlet connection.
- ❖ A hose which is only for waste discharge must be provided. It must be shown that this hose works without leakage.

Generator

- ❖ A generator is required in order to maintain refrigeration at proper temperature during travel (regardless of the distance traveled). A generator will also be required during set-up if no alternative power supply is available.
- ❖ The generator will be tested to ensure it is powerful enough by having all electrical equipment running at the same time. Equipment may include lighting, water pump, hood fan, cooking, and hot holding equipment, air conditioning, refrigeration, and everything else that uses electricity.

Utensil Washing .

- ❖ At least a single compartment sink with integral drain boards and backsplash is required. The sink compartment must be large enough to submerge your largest utensil. The average sink compartment size is 18 length x 18 width x 14 deep. Drainboards, utensil racks, or tables large enough to accommodate all soiled and cleaned items shall be provided.

Hand sinks

- ❖ Each hand sink must have a soap dispenser and a paper towel dispenser in the *immediate* vicinity. Splashguards may be required.

Supplemental Cooking Room/Area

- ❖ Must be room permanently attached to the mobile food unit.
- ❖ Area shall be completely enclosed by perimeter roof and walls (or screen) that effectively protects the area from the weather and the entry of insects, rodents, and other animals.

Lighting

- ❖ Lighting intensity at work surface shall be at least 50-foot candles. Lights must be shielded or shatter-proof and the light fixture itself must be smooth and easily cleanable.

Food Service Equipment List

- ❖ As you are listing your equipment here make sure to write the corresponding number on the manufacturer specification sheet.
- ❖ Remember to list all cooking equipment (grills, fryer, flat top, etc.), utensil sinks, refrigeration (refrigerator/freezer), hot holding equipment (steam tables, heat lamps, etc.), hot transportation equipment, food service equipment stands, hand sinks, etc.
- ❖ Equipment shall be A.N.S.I./NSF approved or equivalent.

Raw/Undercooked Food

- ❖ Code now allows the service of raw and undercooked food. Eggs cooked to order and rare hamburgers are examples of food served rare or undercooked. However, additional documentation and proper notice to the public must be posted for this option.

Preparation of Menu Items

- ❖ Providing several examples is the best way to explain what is needed for this part of the application.
 - Example One: Egg Drop Soup
Egg Drop Soup will be made from scratch every morning in the commissary and placed in hot transportation equipment (i.e. cambro). At sales location, soup kettle will be preheated, and soup will be transferred from hot transportation equipment to soup kettle. Leftover soup will be discarded at the end of the day.
 - Example Two: Turkey Sandwich with Bacon, Lettuce, Tomato
Lettuce and Tomato will be washed and cut in commissary. Turkey will be purchased precooked/pre-sliced from local food distributor. Bacon will be cooked in the commissary. Sandwiches will be made to order at sandwich refrigeration unit. Store bought hoagie rolls will be used. Condiments such as mustard, mayo, pepper during preparation by employee.
 - Example Three: Grilled Chicken Breast on Rice Pilaf
Skinless boneless chicken breasts purchased from local food distributor. Chicken is marinated overnight in a commissary and transferred to precooled mobile food unit refrigerator each morning. Rice is cooked each morning in a commissary and placed in non-transportation equipment (i.e. cambro). At the sales location steam table. Ten chicken breasts are grilled at a time on mobile food unit flattop grill and placed on a steam table. Leftovers will be discarded at the end of the day.
 - Example Four: Blackberry Tea
Blackberry Tea will be made from powder form in commissary and then transported to mobile food unit in a dispenser (i.e. Cambro drink transporter). Lemons will be washed and sliced in commissary. Sliced lemons will be placed in sandwich refrigerator in mobile food unit. Ice bins in mobile food unit will be filled with ice from ice machine in commissary. Upon each order, employees will fill plastic cups with ice and fill with blackberry tea. A lemon slice will be added on the top of the cup.



**CUMBERLAND COUNTY
NORTH CAROLINA
DEPARTMENT OF PUBLIC HEALTH**

MOBILE FOOD UNIT 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 (Cumberland 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

Mobile Food Unit – 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.

Applicant Information

Construction: () New – not built at this point () Remodel Other _____

Mobile Food Unit Name: _____

Owner's Name: _____

Owner's Address: _____

City: _____ State: **North Carolina** Zip Code: _____

Home Phone: _____ Cell Phone: _____

Owner's E-mail Address: _____

Checklist

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

_____ Completed Commissary Agreement Form *(Completed by both applicant and restaurant permittee/owner)*

_____ Completed Mobile Food Unit Operating Schedule

_____ Completed Mobile Food Unit Plan Review Acknowledgement

_____ Completed Mobile Food Unit Operational Permit Application (this document)

_____ Food Equipment Layout (scale no less than ½ 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.

_____ Manufacturer specification sheets for Food Service Equipment List (page 2)

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

_____ **\$200** plan review fee per mobile food unit

Application Submittal Information

Application, supporting documentation and fee(s) can be mailed or delivered to:

Cumberland County Environmental Health at 1235 Ramsey Street, Suite 3300, Fayetteville, NC 28301

1235 Ramsey Street • Fayetteville, NC 28301 • Phone: 910-433-3618 • Fax: 910-433-3793

Operation

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: _____

Is NSF/Food Grade Hose Available? _____ YES _____ NO

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

Is there a toilet facility available on the unit? _____ YES _____ NO

If so, is there a separate sewage tank specifically for the toilet facility? _____ YES _____ NO

How many gallons is this waste tank? _____ YES _____ NO

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

Number of hand sinks: _____

Lighting (must be smooth and easily cleanable)

Shielded covers ()

Initial_____
Date

Food Equipment Layout and Manufacturer Specifications Sheets must be labeled with corresponding number from this list

Number	Equipment	Manufacturer	Model .
<i>Example: 1</i>	<i>Example: 2 Door Refrigerator</i>	<i>Example: True</i>	<i>Example: TR-321</i>
1			
2			
3			
4			
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23			
24			
25			

Initial

Date

Raw/Undercooked Foods

Will any animal foods such as beef, eggs, fish, shellfish, poultry, pork, milk, lamb, etc. be offered raw or undercooked? _____NO _____YES

*Consumer advisory must be posted per NC Food Code Manual 3-603.11.

OPERATION AT THE COMMISSARY

What times of the day would you service the mobile food unit at the commissary? _____

Do the commissary operation hours coincide with mobile food unit hours? _____

HOT HOLDING

How will the hot food be held from commissary to the site of operation? _____

List Foods that will be held hot before serving: _____

COLD HOLDING

How will the cold food be held from commissary to the site of operation? _____

List Foods that will be held cold before serving: _____

REFRIGERATION ON MOBILE FOOD UNIT

List refrigeration on Mobile Food Unit: _____

REFRIGERATION AT COMMISSARY

Indicate location at commissary designated for Mobile Food Unit food storage: _____

Initial Date

Preparation of Menu item

Describe the following for each proposed menu item:

- Processing of the menu item in the commissary (cut, washed, thawed, marinated, cooked, chilled, etc.)
- Processing of the menu item in the mobile food unit (cooked, hot held, assembled, etc.)
- Hot transportation equipment (from commissary to mobile food unit)

Food Product _____

Food Product _____

Food Product _____

Food Product _____

Food Product _____

Initial Date

Food Product_____

Food Product_____

Food Product_____

Food Product_____

Food Product_____

Food Product_____

Initial Date

Food Product_____

Food Product_____

Food Product_____

Food Product_____

Food Product_____

Food Product_____

Initial Date

FOOD PREPARATION FACILITIES ON MOBILE FOOD UNIT

Number of food prep sinks: _____ Are separate sinks provided for vegetables and meats? _____ YES _____ NO

Size of sink drainboards (inches): _____

Does the prep sink have an air gap? _____ YES _____ NO

How will the sinks be cleaned after use or between meat species? _____

Describe food prep area on Mobile Food Unit: _____

FOOD PREPARATION FACILITIES AT COMMISSARY

Number of food prep sinks: _____ Are separate sinks provided for vegetables and meats? _____ YES _____ NO

Size of sink drainboards (inches): _____

Does the prep sink have an air gap? _____ YES _____ NO

How will the sinks be cleaned after use or between meat species? _____

Describe food prep area at commissary: _____

DRY STORAGEFrequency of purchases per week: _____ square feet shelf space: _____ ft²

Indicate location at the commissary designated for dry storage: _____

DISHWASHING FACILITIES ON MOBILE FOOD UNIT

Number of sink compartments: _____

Size of sink compartments (inches):

Length - _____

Width - _____

Depth - _____

Length of drainboards (inches):

Right - _____

Left - _____

Are the basins large enough to immerse your largest utensil? _____ YES _____ NO

What type of sanitizer will be used?

Chlorine _____

Quaternary ammonium _____

Hot water _____

Other (specify) _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? _____

Initial_____
Date

How many air drying shelves will you have? _____
Calculate the square feet total air drying space: _____ ft²

DISHWASHING FACILITIES AT COMMISSARY

Number of sink compartments: _____

Size of sink compartments (inches):

Length - _____

Width - _____

Depth - _____

Length of drainboards (inches):

Right - _____

Left - _____

Are the basins large enough to immerse your largest utensil? _____ YES _____ NO

What type of sanitizer will be used?

Chlorine _____

Quaternary ammonium _____

Hot water _____

Other (specify) _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? _____

How many air-drying shelves will you have _____
Calculate the square feet of total air-drying space: _____ ft²

HANDWASHING/TOILET FACILITIES

Will approved toilet facilities be available for Mobile Food Unit employees at all operating/set-up locations?

_____ YES _____ NO

If toilet facilities are provided on Mobile Food Unit, will there be a hand sink inside the toilet room in addition to the hand sink located in the food preparation area _____ YES _____ NO

EMPLOYEE AREA

Indicate location for storing employees' personal items on Mobile Food Unit: _____

GARBAGE, REFUSE AND OTHER

Where will Mobile Food Unit be stored after operation? _____

Location and size of can wash facility at commissary: _____

Is can wash area accessible to Mobile Food Unit? _____ YES _____ NO

Are hot and cold water provided as well as a threaded nozzle? _____ YES _____ NO

How will used grease be disposed? _____

Are doors on Mobile Food Unit self-closing? _____ YES _____ NO

Fly fans provided? _____ YES _____ NO

Initial

Date

Where will chemicals be stored? _____
Where will clean linen be stored? _____
Where will dirty linen be stored? _____

Application Submittal Information

Application, supporting documentation and fee(s) can be mailed or hand delivered to Cumberland County Environmental Health at 1235 Ramsey Street, Fayetteville, NC 28301, Suite 3300.

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 Cumberland 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 and the North Carolina Food Code, an operational permit will not be issued. Approval of these plans and specifications by Cumberland 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: _____
(Owner/Operator or Designee)

Date: _____



DEPARTMENT OF PUBLIC HEALTH

MOBILE FOOD UNIT PLAN REVIEW ACKNOWLEDGEMENT

Mobile Food Unit – A vehicle with food service equipment designed to be readily moved. It is a self-contained food stand on wheels that is fully enclosed with floors, walls, and ceilings. Mechanical refrigeration is required for the cold storage of opened and potentially hazardous foods.

Commissary – A food service establishment that services and serves as a base for mobile food units and pushcarts. The commissary may or may not serve customers at the base location.

Items to consider:

- Pushcart or Mobile Food Unit? Type of unit? Types of foods
- Pushcart or Mobile Food Unit must have access to a commissary. A commissary agreement will be required prior to unit approval.
- Pushcart and Mobile Food Unit must submit a list of locations where the unit will operate prior to permit issuance. The list of operations must be current.
- Prior to initiating operations in a county (other than Cumberland), the operator of the Pushcart or Mobile Food Unit shall contact the Health Services section of the county in which the Pushcart or Mobile Food Unit will operate to ensure compliance.

Acknowledgement (Initial beside):

_____ I understand and certify that the information provided within this application is accurate.

-Any deviation or variance from the information contained in this application may void the operation permit for the unit.

-Multiple inspections of the unit prior to permitting may be required.

-If the unit is not in compliance with Rules Governing the Sanitation of Food Services Establishments 15A NCAC 18A .2600 and the North Carolina Food Code, the operation permit will not be issued or may be revoked.

-Approval of these plans and issuance of a permit does not relieve me of the obligation to comply with all other application code, law, or regulation imposed by other jurisdictions.

-A completed operational schedule will be submitted to the Department each month.

-The Mobile Food Unit Application Guide was provided to me and I have read and fully understand the information provided.

Printed Name of Applicant or Designee: _____ Date: _____

Signature of Applicant or Designee: _____ Date: _____

Received by: _____ Date: _____



DEPARTMENT OF PUBLIC HEALTH

Plan Review Application for Mobile Food Units and Pushcarts

MOBILE FOOD UNIT/PUSHCART COMMISSARY AGREEMENT

Pushcarts and mobile food units shall operate in conjunction with a permitted food service establishment and shall report at least daily to the commissary for supplies, cleaning, and servicing.

To be completed by the mobile food unit/pushcart operator:

Check one: ☐ Mobile Food Unit ☐ Pushcart

Name of Mobile Food Unit or Pushcart: _____

Operator Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Signature of owner/operator or designee: _____ Date: _____

Completed by the permittee or owner of the commissary located in Cumberland County:

As the permittee or operator of the food service establishment noted below, I agree to serve 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 access for the Mobile Food Unit or Pushcart to return for servicing on a daily basis.

I will do the following (Initial beside each):

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

_____ Label the designated storage spaces for the unit's exclusive use. Provide use of the utensil sink to wash utensils used on the unit. Provide use of the kitchen facilities including prep sinks for food preparation.

_____ Provide an exterior wastewater collection system for disposal of wastewater.

_____ Provide a protected connection to the potable water supply.

_____ Provide commissary access for the Mobile Food Unit/Pushcart necessary to maintain rule compliance.

Name of Commissary: _____

Commissary Address: _____

Email: _____ Phone Number: _____

Signature of Commissary Owner or Permittee: _____ Date: _____

(Office Use Only) Commissary: _____ **Approved** _____ **Disapproved (give reason)** _____

By: _____ **Date:** _____

REHS Signature



DEPARTMENT OF PUBLIC HEALTH

MOBILE FOOD UNIT OPERATING SCHEDULE

Provide an updated operating schedule to the Cumberland County Environmental Health once a month.

Fax: 910-433-3793 or Hand Deliver to 1235 Ramsey Street, Fayetteville, NC 28301, Suite 3300

Mobile Food Unit Name: _____
Vehicle Type: _____ VIN Number: _____
Vehicle License Number: _____
Owner's Name: _____
Owner's Address: _____
City: _____ **North Carolina** Zip Code: _____
Home Phone: _____ Cell Phone: _____
Owner's Email Address: _____
Commissary Name: _____
Commissary Address: _____
I plan on operating at one location _____ YES _____ NO

Operating Location/address	Approximate Times	Toilet Facilities
		_____ YES _____ NO

I plan on operating at multiple locations or on a route: _____ YES _____ NO

List all locations where you plan to operate. If operating on a fixed route or in multiple locations indicate the approximate time and dates/days, if applicable that you will operate at each location.

Operating Location/address	Approximate Times	Toilet Facilities
		_____ YES _____ NO
		_____ YES _____ NO
		_____ YES _____ NO
		_____ YES _____ NO

Initial Date

NOTE: All operating locations shall have an approved toilet facility available for all Mobile Food Unit Employees

Printed Name of Applicant or Designee:_____Date:_____

Signature of Applicant or Designee:_____Date:_____

Received by:_____