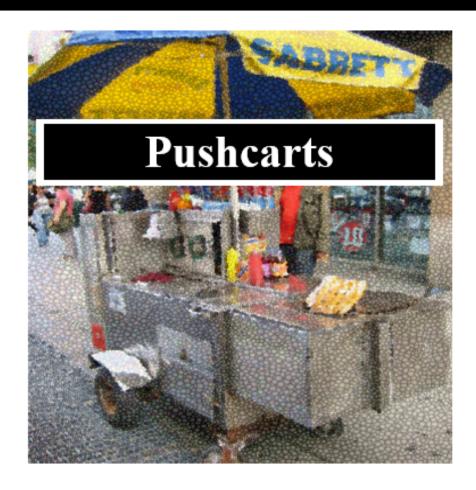
Cumberland County Environmental Health



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





DEPARTMENT OF PUBLIC HEALTH

PUSHCART PLAN REVIEW APPLICATION

Pushcart – A unit designed to be maneuvered by one person. Only hot dogs can be prepared and served on this unit. Prepackaged items such as canned drinks and bagged chips may be sold off this unit.

Commissary – 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, rinsing, and sanitizing food equipment and utensils, wastewater disposal, cart washing, recharging the potable water tank, food storage, food preparation (i.e., 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 prior to permit approval.

Applicant Information:

Name of Pushcart:		
Operator Name:		
Operator Address:		
City:	State:	Zip Code:
Home Phone:	State:Zip Code: Cell Phone:	
Email:		
Acknowledgement (Initial beside):		
I understand and certify that	the information provided within this appli-	cation is accurate.
-Multiple inspections of the unit prior -If the unit is not in compliance with F .2600, the operation permit will not be -Approval of these plans and issuance application code, law, or regulation im	Rules Governing the Sanitation of Food Se issued or may be revoked. of a permit does not relieve me of the obli	ervice Establishments 15A NCAC 18A igation to comply with all other
identifying all components (cooking e etc.) (See example attached)	eement Form (manufacturer can provide for specific moquipment, bun storage, cooler, sink(s), wat ude all food, drinks, and condiments)	

A fee of <u>\$150</u> will be assessed after the inspection is completed.

Commissary Information:

Proposed Commissary: Commissary Address: City: _____State:_____Zip Code:_____ Phone Number: Owner/Manager Name: **Operational Location:** Proposed address of operation: City: _____ State: ____ Zip Code: _____ Days of Operation: ____ Hours of Operation: Are approved toilet facilities available? Yes No **Additional Locations:** Proposed address of operation: of operation:_______State:______Zip Code:______ City: Days of Operation: Hours of Operation: Are approved toilet facilities available? Yes No Proposed address of operation: Proposed address of operation:

City:

State:

Zip Code: Days of Operation: Hours of Operation: Are approved toilet facilities available? Yes No **Pushcart Information:** Manufacturer: Model: Hand sink on unit: ______Yes _____No
Utensil sink on unit: _____Yes ____No Potable Water Tank and Waste Water Tank (if present) Water tank storage capacity: gallons Waste water tank storage capacity: gallons Water Heater Specification (if applicable): Umbrella or Canopy? _____Yes _____No Secondary Cover (i.e., plexi glass or stainless steel food shield/sneezeguard) for Cooking Area: Yes No Initial Date

The pushcart must be taken to the commissary each day of operation for serving, supplies, and cleaning.

Is there a grill attached to the pushcart?	Yes	No	
Is there a grill A.N.S.I/NSF approved or equiv			No
Is the grill protected on top, side(s), and rear _	Yes	No	
Printed Name of Pushcart Owner:			
Signature of Pushcart Owner:			
any deviation or variance from this application Health will prevent issuance of an operational pincomplete and will delay processing. I also und unit is not in compliance with Rules Governing North Carolina Food Code, an operational per	without prior ermit for the erstand that i the Sanitation nit will not be	written permi unit. I underst multiple inspec n of Food Servi issued. Appro	application is accurate and I fully understand that ssion from Cumberland County Environmental and that this application will be returned to me if tions of the unit may be required and that if the ce Establishments 15A NCAC 18A .2600 and the wal of these plans and specifications by ith any other code, law, or regulation that may be
Signature:		_	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/I	oushcart operator:	
Check one: ☐Mobile Food Unit ☐Pus	heart	
Name of Mobile Food Unit or Pushcart:		
Mailing Address:		
	Phone Number:	
Signature of owner/operator or designee:	Date:	
Completed by the permittee or owner of t	he commissary located in Cumberland County:	
1 1	rice establishment noted below, I agree to serve a commissary for the Mobile Food Unit a commissary for the Mobile Food Unit or Pushcart, I must allow access for the Mobile ton a daily basis.	
I will do the following (Initial beside each)):	
Provide a designated protected area f	for food and utensil storage, including refrigeration/freezer and dry storage area.	
Label the designated storage spaces f Provide use of the kitchen facilities including p	for the unit's exclusive use. Provide use of the utensil sink to wash utensils used on the unit. orep sinks for food preparation.	
Provide an exterior wastewater collect	ction system for disposal of wastewater.	
Provide a protected connection to the		
Provide commissary access for the N	Mobile Food Unit/Pushcart necessary to maintain rule compliance.	
Name of Commissary:		
Commissary Address:		
Email:	Phone Number:	
Signature of Commissary Owner or Permitte	ee:Date:	
(Office Use Only) Commissary:	ApprovedDisapproved (give reason)	
R _v .	Data	

or

REHS Signature