ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Pushcart Application

Name of Unit or Cart: _____ Vehicle Tag: _____

Name of Permit Holder: _____

Permit Holder Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner Address (if different from above): _____

City: _____ State: _____ Zip: _____

Owner Email Address: _____

Establishment is owned by: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Manager or Person in Charge: _____

Projected Start Date: _____

Construction: ☐ New Construction ☐ Existing ☐ Other: _____

This application must be completed and accompanied by:

- ☐ **Plan Review Fee** – a non-refundable fee of $250 shall be paid with completed application
- ☐ **Commissary Agreement Form** - completed by both parties ($200 fee will be required from Commissary owner if approved)
- ☐ **Scaled Drawing of Unit –** including location of equipment
- ☐ **Manufacturers Specification Sheets** – for ALL equipment
- ☐ **Proposed Menu –** Entire menu, including condiments and beverages
- ☐ **Proposed operational schedule –** locations, times, and days of the week

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STATEMENT: I hereby certify that the information provided within this application is accurate and I fully understand that any permit issued may be suspended by the health department for failure to comply with the requirements of the regulations. The operator will notify ARHS of NC counties and sites where the unit will be operated and any counties other than the county in which the permit was issued. Approval of this application does not indicate compliance with other codes, laws or regulations that may be required.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____ Date: _____

For Office Use: Method of Payment: ☐ Credit Card ☐ Cash ☐ Check (#: _____)

P. O. Box 189 Elizabeth City, North Carolina 27907-0189
Tel: 252-338-4490 Fax: 252-337-7921

Environmental Health Services

ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Ashley H. Stoop, MPH
Health Director

Ralph Hollowell, RS, LSS
Environmental Health Director

COMMISSARY AGREEMENT FOR FOOD SERVICE OPERATORS

A Commissary is a permitted food service establishment that provides shared use kitchen facilities for mobile food units, pushcarts and caterers. This Commissary Agreement is part of the plan review approval process and Health Department approval is required for all shared-use kitchen permits.

The following information is to be completed by the Mobile Food Unit/Catering/Pushcart Operator:

Select: ☐ Pushcart ☐ Mobile Food Unit ☐ Catering ☐ Commissary Change request

Name of Food service unit: _____

Operator Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Owner Signature: _____ Date: _____

The following information is to be completed by the Permittee or Owner of the Commissary:

***Addition of commissary services to an existing food establishment permit requires approval and payment of the commissary verification fee of $200, intended to be paid by Commissary owner. A separate fee is required for each food truck added. ***

Name of commissary: _____

Name of Commissary Owner/Manager: _____

Commissary Address: _____

Owner Email: _____ Commissary Phone number: _____

The management of the Commissary facility noted below, agrees to provide the Commissary for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the commissary privileges. Management understands and agrees to allow **daily reporting** and use of the following:

Initial beside each item, showing that you agree to provide the mobile unit access to the following: (Please leave the line blank if you are not willing to provide that service)

_____ Separate designated and labeled refrigeration, freezer and dry storage space for food and utensil storage.

_____ Access to food preparation area in the commissary.

_____ Use of the 3 compartment sink or dishwasher to wash utensils used on the mobile unit.

_____ An accessible wastewater collection system for disposal of wastewater.

_____ A protected connection to the potable water supply.

_____ Provide a schedule to the mobile unit operator and monitor use of the commissary space.

STATEMENT: I understand that any sanitation deficiencies resulting at my commissary, even if directly or indirectly related to the operation of the pushcart/ mobile food unit, will be reflected in the sanitation grade of my food establishment. This agreement shall remain in effect as long as I am the owner/operator, or unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health division of Albemarle Regional Health Services in writing. I agree to notify both parties in writing should this approval be rescinded.

Signature of Commissary Owner/Manager: _____ Date: _____

List all food service equipment and attach copies of manufacturer specifications for:

1. **COLD STORAGE EQUIPMENT**- provide total number of refrigerator/ freezers/coolers on unit (Beverages, cans/bottles, may be stored in coolers and only pushcarts may use approved coolers with ice for food)

   _____
   _____

2. **COOKING EQUIPMENT**- ex. Hot dog roller

   _____
   _____
   _____

3. **HOT HOLDING FOOD AND BEVERAGE EQUIPMENT-** Steam table, hot hold cabinet, heat lamp, Cambro unit. *Cambro units may be used for transportation only, once on location, a plug in electric/gas hot holding unit shall be used to maintain food at least 135F.

   _____
   _____
   _____
   _____

4. **UTENSIL/ WAREWASHING EQUIPMENT (IF APPLICABLE)**
   Number of compartments of Utensil sink: _____
   Size of compartments (Length x Width x Depth) _____ x _____ x _____ inches
   NOTE: Your largest utensil/ pot/ pan is required to fit in all sink compartments.
   Will utensils be washed during operating hours of the unit? Yes ☐ No ☐
   What type of sanitization will be used? Chlorine ☐ QUAT ☐

5. **HAND WASH SINK (IF APPLICABLE)**
   Number of handwashing sinks: _____

6. **FRESH/POTABLE WATER TANK AND PUMP (IF APPLICABLE)**
   Capacity _____ gallons
   Construction Material: _____

7. **WASTE WATER TANK (IF APPLICABLE)**
   Capacity _____ gallons (waste tank must be 15% larger than fresh water tank)
   Construction material: _____
   *Waste water outlet connection shall be lower than the water inlet to prevent possible contamination of the fresh water system. *Waste water outlet connection shall be a different size and type than the fresh water connection.

8. **ELECTRICAL:**

Generator Manufacturer: _____

Generator Model: _____

Are all lights shielded or shatterproof? Yes ☐ No ☐

PREPARATION OF MENU ITEMS (only hotdogs and pre-packaged foods are allowed to be sold on a pushcart)

Food Product	Prep process/ Location	Cook process/ Location	Cold/Hot Hold Equipment
Ex. Hamburgers	Thaw > Patty out burgers / Commissary	Grill on flat top in MFU	Hot Hold in Steam box