



# HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY

157 Paragon Parkway, Clyde, NC 28721-9481

Ira Dove, Agency Director

Public Health	828-452-6675	Social Services	828-452-6620
Dental Office	828-452-6701	Meals on Wheels	828-356-2442
Environmental Health	828-452-6682	Maple Leaf Adult Respite	828-456-9488

## Application for a Mobile Food Unit or Pushcart Permit

Name of Unit or Cart: \_\_\_\_\_ Vehicle Tag: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager/Person in Charge: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit or cart is owned by:  LLC  Corporation  Individual  Other \_\_\_\_\_

Ownership Name: \_\_\_\_\_

Type of Permit:  Mobile Food Unit  Pushcart Projected Start Date: \_\_\_\_\_

Check One:  New Construction  Existing Mobile Food Unit

**COMMISSARY INFORMATION: Note - Private residences cannot be used for commissary purposes.** All units, when operating, must report daily to a food establishment or commissary approved by this department for supplies, cleaning, and servicing. The food establishment or commissary must include adequate **assigned and labeled** storage for food and clean utensils. If the food establishment or commissary cannot support these requirements, a permit will not be issued.

Name of proposed Commissary: \_\_\_\_\_

Commissary address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APPLICATION SUBMISSION REQUIREMENTS:** (1) Proposed Menu (2) Scaled drawing of Unit (3) Manufacturer's specification sheets for all proposed food service equipment (4) Commissary approval form (5) Proposed Operation Schedule (locations, times and days of the week)

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

- The Haywood County Health Dept. does not issue verbal approvals regarding construction, design, or permitting mobile food units and pushcarts.
- A non-refundable fee of \$150.00 will be assessed to the applicant/operator and shall be paid with the submission of the application.
- Mobile food units and pushcarts not in compliance with Rules Governing the Food Protection and Sanitation of Food Service Establishments 15A NCAC 18A .2600 will not receive an operating permit.
- Approval of this application or issuance of a permit does not relieve me of the obligation to comply with other applicable codes, laws, or regulations imposed by other jurisdictions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant/Operator)

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

1. **COLD STORAGE EQUIPMENT** - Provide total number of refrigerators and freezers on unit and total cubic feet to keep food 41F or below. **At least 2 refrigerators are required:** one to work out of and one for storage. (Beverages, cans/bottles, may be stored in coolers and only Pushcarts may use approved coolers with ice for food)

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2. **COOKING EQUIPMENT** – Flat top grill, fryer, oven, convection / microwave, panini press, toaster

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3. **FIRE SUPPRESSION:**

Is there a ventilation hood system installed? YES  NO

If yes, is there a continuous flue with exhaust fan to the exterior of the truck? YES  NO

Is there a fire extinguisher? YES  NO

If yes, what type is it? (Check all that apply) ABC  K

If using gas, who installed the gas lines? \_\_\_\_\_

**Note: An approved ventilation hood system with removable filters and exhaust fan is required over all fryers, flat top grills and cooking equipment to prevent grease build up. As a safety provision we recommend an LP-gas piping inspection be completed by NC Dept of Agriculture before a permit is issued. It is recommended that all gas line piping be installed underneath the floor to cooking equipment. See website <https://www.ncmhtd.com/NCDACS/Standards/FoodTruck>**

4. **HOT HOLDING FOOD AND BEVERAGE EQUIPMENT** – steam table (Include # of wells), hot hold cabinet (specify full or single doors), heat lamp, coffee urn, cambro unit. Cambro units may be used for transportation only, once on location, a plug in electric / gas steam table or hot hold unit shall be used to maintain food at 135F or higher.

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5. **UTENSIL / WAREWASHING EQUIPMENT (PUSH CART IF APPLICABLE):**

Number of Compartments of Utensil sink: \_\_\_\_\_

Size of compartment (Length x Width x Depth) \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches

**NOTE:** Your largest utensil / pot / pan is required to fit in all the sink compartments.

Will utensils be washed during operating hours of the unit? YES  NO

What type of Sanitization will be used? (check one) Chlorine  QUAT  Other \_\_\_\_\_

**NOTE:** Drainboards for dirty and clean utensil areas are required. If the sink does not have drainboards, please indicate and label where the dirty and clean areas are located on the drawing.

6. **HAND WASH SINK**

At least one hand sink is required. Submit manufacturer specification sheet for the hand sink.

**NOTE:** Custom- built sinks or using food pans may not be approved. Splash guards may be needed If there is not at least 12 inches of separation from food, work or storage areas.

7. **FRESH / POTABLE WATER TANK AND WATER PUMP**

Size (Length x Width x Depth) of Fresh Water Tank: (minimum tank size is 30 gallons)

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches x 0.0043 = \_\_\_\_\_ gallons

Construction Material: \_\_\_\_\_

Do you have an approved drinking water hose to fill fresh water tank? YES  NO

How and where will approved drinking water hose be stored between uses?

\_\_\_\_\_

Attached Product Specification Sheet for Water Pump. On demand pump is required.

**At time of permitting, you must be able to demonstrate ability to fill fresh water tank properly.**

**8. WASTE WATER TANK**

Size (Length x Width x Depth) of Waste Water Tank:

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ inches x 0.0043 = \_\_\_\_\_ gallons

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.

The waste water outlet connection shall be a different size and type than the fresh water connection.

Is there a valve to drain plumbing lines for winterization? YES  NO

**At time of permitting, you must be able to demonstrate discharge of waste water properly.**

**9. WATER HEATER**

Check One: Tankless  Storage Tank

If Storage Tank type: Capacity \_\_\_\_\_ (gallons)

Recovery Rate: \_\_\_\_\_

Make: \_\_\_\_\_

Model Number: \_\_\_\_\_

**10. FINISHES - MUST BE SMOOTH, NONABSORBENT AND EASILY CLEANABLE (NOT APPLICABLE TO PUSH CARTS)**

Floors: \_\_\_\_\_

Walls: \_\_\_\_\_

Ceiling: \_\_\_\_\_

**11. ELECTRICAL**

Generator Manufacturer: \_\_\_\_\_

Generator Model: \_\_\_\_\_

**NOTE:** The generator shall be capable of powering all electrical items on the unit. See the wattage work sheet to help in sizing the generator. A generator or power inverter is required to maintain constant power to the refrigerators/freezers anytime food is transported.

How will refrigeration be maintained during transit? \_\_\_\_\_

Number of electrical outlets: \_\_\_\_\_

Are all electrical lines protected/shielded? YES  NO

Are the lights shielded or shatterproof? YES  NO

Does the unit have an Air Conditioner? YES  NO

**12. DRY STORAGE – Describe the number and location of shelving for:**

Single service items (paper products: plates, cups, etc.): \_\_\_\_\_

Food (Bread, condiments, etc.): \_\_\_\_\_

Chemicals: \_\_\_\_\_

Employee Personal Items: \_\_\_\_\_

**Office Use Only**

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Establishment ID No: \_\_\_\_\_