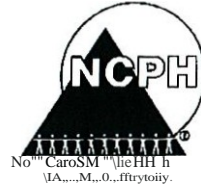


Columbus County Environmental Health Department

306 Jefferson St
Whiteville, NC 28472
Phone: 910-640-6617
Fax: 910-641-0766



Plan Review
Application for Mobile Food Units and Pushcarts

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Phone 2: _____

Email Address: _____

Name of Proposed Unit: _____

Application for:

_____ Pushcart – designed to be maneuvered by one person. Serves only hot dogs and pre-packaged drinks and snacks.

_____ Mobile Food Unit - fully enclosed vehicle-mounted unit designed to be readily moved. Requires mechanical refrigeration for potentially hazardous foods.

All mobile food units and pushcarts must work in conjunction with a permitted establishment. All units must report daily to the restaurant or commissary for supplies, cleaning and servicing. Facilities shall be provided at the restaurant or commissary for all aspects of function of the mobile unit or pushcart including food storage, dry storage, obtaining fresh water, sewage disposal and garbage disposal. An operator is not allowed to maintain foods and products sold in a mobile unit to be stored at their personal residences. If a permitted restaurant or commissary is not capable of handling the extra needs of a mobile food unit or pushcart, a permit will be denied.

Submittal checklist:

The following items must be included with this application. Incomplete applications will be returned to the applicant and will delay the review and processing.

___ ___ Completed application

___ ___ Plans of the unit drawn to scale (1/4" = 1 foot; 1 inch = 4 feet), including: equipment locations, a plan and profile view, plumbing schematic (plumbing lines, water heater, potable water tank, water pump, sewer vent, wastewater holding tank, etc.). A plumbing schematic is not required for a pushcart

___ ___ Manufacture's specification sheets for all proposed food service equipment

___ ___ Menu (including all food, drinks and condiments). Any menu changes must be approved by this office

___ ___ A completed agreement with a Columbus County permitted restaurant or commissary

Deliver or mailto: Columbus County Department of Environmental Health
306 Jefferson St
Whiteville, NC 28472

For Pushcart Only:

NSF/ANSI Certification. If pushcart is prefabricated, provide all information on data plate including:

Make: _____

Model _____ Number: _____

Specifications: _____

Location and description of protected storage area for pushcart when not in use:

For Mobile Food Unit Only: Please describe the finish for each of the following (tile, metal, FRP board, etc.)

Floors: _____

Walls: _____

Ceiling: _____

Countertops: _____

Shelves/cabinets: _____

Light shields: _____

For Pushcart and Mobile Food Unit:

List all food service equipment and attach manufacture's specification sheets:

1. Cooking equipment (fryers, grills, etc.):

- o _____
- o _____
- o _____
- o _____

2. Cooling equipment (refrigerators, freezer, etc.):

- o _____
- o _____
- o _____
- o _____

3. Hot holding equipment (steam tables, heat lamps, etc.):

- o _____
- o _____
- o _____
- o _____

4. Ware washing sink (for mobile food unit):

- o Number and Size of vat(s) (length x width x depth)

- o Size of drainboards, racks or shelving on each side of ware washing sink

- o Describe the method of sanitizing that will be used for utensils:

Chlorine Quaternary Ammonia _____ Hot Water

Water supply -Wastewater Disposal

For Mobile Food Unit Only:

1. **Wastewater storage tank:** Size, capacity (gallons) and construction material of permanently mounted wastewater storage tank: _____
—

The wastewater storage tank must be at least 15% larger than the water supply tank. The wastewater tank connection must be lower than and of a different design than the connection for the potable water inlet.

2. **Potable water storage tank:** Size, capacity (gallons) and construction material of potable water holding tank: _____
—

The water inlet must be positioned in such a way that it is protected from contamination.

3. **Water heater storage capacity:** Attach manufactures specification sheet for water heater (storage capacity, btu input (gas) /kw input (electric)) :

Applicant Signature:

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

- Any deviation or variance from the information contained in the 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 the Rules Governing the Food Protection and Sanitation of Food Establishments 15A NCAC 1BA .2600, 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/ Owner)

Telephone
910-640-6617

Columbus County
HEALTH DEPARTMENT

TELEFAX
910-641-0766



Mobile Food Unit or Pushcart Operation Agreement

For the purpose of operating and maintaining a mobile food unit or pushcart in Columbus County, in accordance with the *Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments*, the undersigned parties agree to enable to operate in conjunction with , a permitted establishment owned and operated by .. . This arrangement will include the following: _

- a list of counties and locations where the mobile food unit or pushcart will operate provided to the Columbus County Health Department;
- facilities, in compliance with this section, for the storage of all supplies;
- solid waste storage facilities;
- daily reporting to the restaurant for supplies, cleaning, and servicing when in use;
- a pushcart shall also be stored in an area that protects it from dirt, debris, vermin, and other contamination;
- a mobile food unit shall have a servicing operations area with potable water servicing equipment that is installed, stored, and handled to protect the water and equipment from contamination. The mobile food unit's sewage storage tank shall be thoroughly flushed and drained into an approved sewage disposal system during service operation.

The permit issued by the Columbus County Health Department is contingent upon compliance with these requirements at all times. If the undersigned parties cease to abide by these requirements at any time, the permit will be *revoked*

Signature of permitted establishment owner

Signature of mobile food unit/pushcart owner

Sworn to and subscribed before me this
day of _____, 20____
(S.EAL)

Notary Public

My commission expires