

JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT



309 East Market Street, Smithfield, NC 27577
Phone: 919-989-5180 Fax: 919-989-5190
Email: ehapplications@johnstonnc.com

Mobile Food Unit and Push Cart Application

Procedure for Submission of a plan review:

1. Fully complete the plan review application, make sure you include a phone number for the contact person.
2. Provide a drawing showing location and description of equipment. This must be drawn to scale such as $\frac{1}{4}'' = 1'$.
3. Provide a menu. Please include explanation of unique dishes.
4. Provide all equipment specification sheets
5. A signed Commissary Agreement Form
6. The fee for this plan review is \$250

The completed Application, Menu, Drawing, Equipment Spec Sheets and Fee can be returned to our office at the above address. All items can also be emailed to us at the email address above and the fee can be paid by phone with a card at 919-989-5180.

Owner/Contact Information:

Owner Name: _____ Phone #: _____

Email Address: _____

Mailing Address: _____

Unit Information:

Is this unit a: Mobile Food Unit Pushcart

Name of the Unit/Cart: _____

License Tag #: _____ Vehicle Identification #: _____

Operation Information:

Proposed Set-up Location/s: _____

Days and Hours of Operation: _____

Other Counties you may operate in: _____

Which restaurant or Commissary will you be operating in conjunction with? _____

Where will preparation of the food occur? _____

Does the Unit/Cart have hot water: Yes No

Size of the water heater tank: _____

Size of the fresh water tank: _____ Size of the waste water tank: _____

Where will food be stored on the unit? _____

Location of the fresh water tap at the restaurant (not the can wash): _____

Location of waste water disposal from the unit at the restaurant: _____

Signature of the Applicant

Date

Mobile Food Unit/Pushcart Commissary Agreement Form

As the owner of the restaurant facility noted below, it is my intention to allow this facility to serve as a commissary for the Mobile Food Unit or Pushcart noted below. I Understand that as a commissary for the Mobile Food Unit or Pushcart, I will allow the Mobile Food Unit or Pushcart to return to my restaurant for servicing on a daily basis. I understand that servicing the unit may include any and all of the servicing noted below:

- Use of the restaurant utensil sink for washing of utensils used on the mobile food unit or pushcart
 - Provision of refrigerated or dry storage area for the mobile food unit or pushcart food or utensil items.
 - Provision of a suitable means of connection into the potable water supply as approved by the Environmental Health Specialist (cannot be at the can wash)
 - Provision of a suitable means of disposal of waste water as approved by the Environmental Health Specialist (Can wash area).
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Name of the Mobile Food Unit or Pushcart: _____

Name and Address of Restaurant serving as Commissary: _____

Signature of Restaurant Owner: _____

Print Name of Restaurant Owner: _____

By signing this paper, you are agreeing for this Mobile Food Unit or Pushcart to come into your kitchen at the restaurant. You will be allowing them full access to your kitchen, to clean utensils, store food, prepare food, collect clean water and dispose of dirty water and trash. You also will be agreeing to document in writing on the log sheet given that this unit is physically reporting to your restaurant on each day of operation.