



Rockingham County Department of Health and Human Services

Environmental Health Section
371 NC HWY 65 ~ P.O. Box 204
Wentworth, NC 27375 – 0204
Phone (336) 342-8130
Fax (336) 342-8245

Application for a Mobile Food Unit Permit

Name of Unit: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Manager/Person in Charge: _____

Mailing Address for Unit: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Location of Commissary: _____

(If different from above)

Mobile Food Unit is owned by: Association Corporation Individual
 Partnership Other Legal Entity

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.

Check One: New Application Change of Commissary Change of Ownership

Projected Start Date: _____

APPLICATION SUBMISSION REQUIREMENTS:

(1) Proposed Menu, (2) Scaled drawing of Unit, (3) \$150 Plan Review Fee (4) Manufacturer's specification sheets for all proposed food service equipment (5) Proposed Operational Schedule (addresses, times and days of the week)

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

- any deviation or variance from the information contained in this 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 Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .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/Operator)

1. HOURS OF OPERATION - List the Hours of Operation for each day of operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

- **Provide Operational Schedule - List of proposed addresses and times of operation.**

2. PROJECTED NUMBER OF MEALS:

- List the projected number of meals you plan to serve for each meal each day:

Breakfast: _____ Lunch: _____ Dinner: _____

3. FOOD PROTECTION MANAGER CERTIFICATION

- Has the operator/PIC of the unit taken and passed an approved course within the last 5 years? Yes No

4. SPECIALIZED PROCESSES – Indicate any that will take place:

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (eg: Vacuum)
 Smoking Sprouting Beans Other

5. COLD STORAGE FACILITIES - Provide total number of refrigerators and freezers on unit and total cubic-feet:

| Type of Cold Storage | Number of units | Cubic Feet |
|---------------------------|-----------------|------------|
| 1. Reach-in refrigerators | | |
| 2. Reach-in freezers | | |
| 3. Walk-in refrigerators | | |
| 4. Walk-in freezers | | |

6. EQUIPMENT

- **LIST ALL COOKING EQUIPMENT AND ATTACH MANUFACTURERS' SPECIFICATION SHEETS:**

- **DESCRIBE HOW EQUIPMENT WILL BE SECURED TO PREVENT IT FROM SHIFTING DURING TRANSPORT:**

7. OPERATION DETAILS

PRODUCE

- Will produce require washing prior to preparation? Yes No
- **If no is selected, documentation of "ready-to-eat" state will be required.**
- Is there an approved location for washing and/or preparing produce? Yes No
- Describe your procedure and location:

MEATS

- Will meats require washing prior to preparation? Yes No
- Is there an approved location used for washing and/or preparing meats? Yes No
- Describe your procedure and location:

SEAFOOD

- Will fish and/or seafood (including shrimp, scallops & oysters) require washing prior to preparation? Yes No
- Is there an approved location used for washing and/or preparing seafood? Yes No
- Describe your procedure and location:

POULTRY

- Will poultry require washing prior to preparation? Yes No
- Is there an approved location used for washing and/or preparing poultry? Yes No
- Describe your procedure and location:

WILL FOOD BE HELD

- Hot (>135° F) Yes No
- If yes, Holding method used: _____ How long held? _____
- Cold (<41° F) Yes No
- If yes, Holding method used: _____ How long held? _____
- How will refrigeration be maintained during transit? _____

8. DRY STORAGE – Describe number and location of shelving for:

- Single service items (paper products such as plates and cups) _____
-
-

- Food (Bread, condiments, etc.) _____

- Chemicals _____

- Employee Personal Items _____

9. WASTE WATER TANK

- Size (Length x Width x Depth) of Waste Water Tank (NOTE: Must be 15% larger than fresh water tank: _____ x _____ x _____ inches
- Capacity _____ gallons
- Construction Material: _____
- Location of outlet to empty waste water tank: _____
- **At time of permitting, must be able to demonstrate discharge of waste water properly.**
- Is there a valve to drain plumbing lines for winterization? YES NO

10. FRESH WATER TANK

- Size (Length x Width x Depth) of Fresh Water Tank: _____ x _____ x _____ inches
- Capacity _____ gallons
- Construction Material: _____
- Location of Inlet to fill tank: _____
- How is the Inlet covered or protected to prevent contamination: _____

- How will the Fresh Water Tank be refilled: _____

- **Attached Product Specification Sheet for Water Pump.**
- 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?

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

11. WATER HEATER

- Check One: Tankless Storage Tank
- If Storage Tank type: Capacity _____ gallons
- Check One: Gas Electric
- Location: Outside Inside
- Recovery Rate: _____
- Make: _____
- Model Number: _____

12. NUMBER OF HAND WASH SINKS: _____

- Water Temperature at sink? _____

13. UTENSIL WASHING EQUIPMENT

- Number of Compartments of Utensil sink: _____
- Size (Length x Width x Depth) _____ x _____ x _____ inches
- Will utensils be washed during operating hours of the unit? YES NO
- What type of Sanitization will be used? (check one) Chlorine QAC 180°F
- Water Temperature at sink? _____

14. FINISHES - MUST BE SMOOTH, NONABSORBENT AND EASILY CLEANABLE

- Floors: _____
- Walls: _____
- Ceiling: _____

15. AMBIENT AIR TEMPERATURE CONTROL

- Is there an Air Conditioner/Heater? YES NO
- If yes, attached Product Specification Sheet.

16. ELECTRICAL

- Generator Manufacturer: _____
- Generator Model: _____
- Electrical Panel present? YES NO
- Electrical Package _____ Amps
- Number of electrical outlets _____
- Are all electrical lines protected/shielded? YES NO
- Number of Lights and Type _____
- Are the lights shielded? YES NO

17. FIRE SUPPRESSION

- Is there a ventilation hood system installed? YES NO
- If yes, is there a continuous flue to the exterior of the truck? YES NO
- Is there any type of fire suppression? YES NO
- If yes, what type is it? (Check all that apply)
 - ABC fire extinguisher
 - K type fire extinguisher
 - ANSUL fire suppression
- If using gas, who installed the gas lines? _____

Commissary Form Mobile Food Unit

Title 15A North Carolina Administrative Code 18A .2600 "Rules Governing the Sanitation of Food Service Establishments" specifies in section .2670(a) **A permit shall be issued by the regulatory authority that inspects the commissary from which a pushcart or mobile food unit is to operate, if the regulatory authority determines that the pushcart or mobile food unit complies with the rules of this section.**

To be completed by the mobile food unit operator: I agree to operate my mobile food unit in conjunction with the commissary listed below. I understand that my mobile food unit must report to the commissary at least daily on days of operation for servicing.

Check one: New Application/New Commissary Change of Commissary

Name of Mobile Food Unit: _____

Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

(operator of Mobile Food Unit)

To be completed by the permittee or owner of the permitted food service establishment located in Rockingham County:

As the permittee or operator of the permitted food service establishment noted below, I agree to serve as a commissary for the Mobile Food Unit named above. I understand that as a commissary for the Mobile Food Unit, I must allow the Mobile Food Unit to return for servicing each day that it operates. I agree to allow the following (**please initial all that apply**):

Provide a designated protected area for food and utensil storage, including refrigeration/freezer and dry storage area. I will label those designated spaces for the unit's exclusive use.

Use of the food establishment's utensil sink to wash utensils used on the unit.

Provide an exterior wastewater collection system for disposal of wastewater.

Provide a protected exterior connection to the potable water supply.

Name of Food Service Establishment serving as Commissary: _____

Address of Food Service Establishment: _____

Food Service Establishment Phone Number: _____

Email of owner/permittee: _____

Name of Owner/Permittee (Print): _____

Signature: _____ Date: _____

(owner/permittee)