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Description automatically generated with low confidenceA red truck parked on the side of a road

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Cumberland County Health Department

Environmental Health Division

1235 Ramsey Street

Fayetteville, N.C. 28301

(910)433-3618

**Mobile Food Units**

**Office Hours**

**Monday through Friday**

**8:00 AM to 5:00 PM**

**For an appointment, call (910)433-3618**

**Cumberland County**

**Environmental Health**

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# **CUMBERLAND COUNTY**

**NORTH CAROLINA**

**DEPARTMENT OF PUBLIC HEALTH**

## **MOBILE FOOD UNIT APPLICATION GUIDE**

***\*Use this helpful guide as you complete your Mobile Food Unit Application\****

**Applicant Information**

* This information is critical for us to have so that we may contact you via mail, phone, and email.
* If you plan to bring an interpreter to the construction visits, please add this person’s name and phone number underneath your email address.

**Checklist**

* A commissary form.
* Your commissary form will be given to a field inspector to evaluate if it can support your mobile food unit. A commissary must have at least one shelf in the refrigerator, freeze, and dry storage area for your use. These areas must be clean, labeled, and free of restaurant storage. Evaluation will be delayed if the storage area is not addressed.
* Food Equipment Layout drawn to scale no smaller than ¼” = 1 foot. It is recommended that a professional draw the food equipment layout, plumbing schematic, and electrical schematic. Include “manufacturer Specification Sheets.”
* Remember to label both the Food Equipment Layout and Manufacturer/Equipment Specification Sheets with corresponding numbers (see application, bottom of page 2)
* Checks must be addressed to Cumberland County Environmental Health
* It is highly recommend using a 25-gallon tank for fresh water, using the PDF software.

**Commissary Information**

* A food service establishment that services and serves as a base for mobile food units and pushcarts selling potentially hazardous foods (ice cream trucks exempt). The commissary may or may not serve customers at the base location. Every mobile food unit and pushcart is required to operate from an approved commissary and report to the commissary at least once during each operating day. All support and servicing activities must be carried out at the approved commissary. These activities include washing, recharging the potable water tank, food storage, food preparation (i.e., washing of meats and vegetables, dicing tomatoes, onions, etc.). These servicing activities cannot be done at a private residence. **A written agreement from an approved commissary must be provided to this department to permit approval.**

**Application Submittal Information**

* Applications can be mailed, or hand delivered. Due to coordination of payment and the large volume of supporting documentation, it is not recommended that an application be faxed.

**Operation**

* This information is required so the field inspector will know where you will be initially operating after permitting.
* It is recommended that you check with the Zoning Department in the municipality where you want to work. Some municipalities have restrictions concerning the operation of mobile food units. Also, some may require privilege licenses.

**Finishes**

### Floors (except anti-slip), walls and ceilings shall be designed, constructed, and installed to be smooth, nonabsorbent, and easily cleanable.

* Utility service lines and pipes may not be unnecessarily exposed.

**Water Storage Tank**

* The potable water storage tank and appurtenances shall be made safe, durable, and non-absorbent materials and finished to have a smooth, easily cleanable surface.
* A food grade potable “drinking water safe” water hose must be provided and be of adequate length to extend from the water supply (at the commissary) to the water inlet connection on the mobile food unit.
* The food grade potable water hose must be stored in a protected area.
* The storage capacity shall be at least 25 gallons. A larger supply tank may be needed based on the needs of the equipment and menu.

### **Sewage Storage Tank**

* The sewage storage tank must be 15% larger capacity than the water storage tank and shall be permanently installed on the mobile food unit.
* The sewage discharge hose must be of adequate length to extend from the sewage outlet on the mobile food unit to the approved sewage disposal drain at the commissary.
* The waste connection shall be lower than the water inlet connection.
* A hose which is **only** for waste discharge must be provided. It must be shown that this hose works without leakage.

### **Generator**

#### A generator is required in order to maintain refrigeration at proper temperature during travel (regardless of the distance traveled). A generator will also be required during set-up if no alternative power supply is available.

* The generator will be tested to ensure it is powerful enough by having all electrical equipment running at the same time. Equipment may include lightning, water pump, hood fan, cooking, and hot holding equipment, air conditioning, refrigeration, and everything else that uses electricity.

#### **Utensil Washing**

### At least a single compartment sink with integral drain boards and backsplash is required. The sink compartment must be large enough to submerge your largest utensil. The average sink compartment size is 18 length x 18 width x 14 deep. Drainboards, utensil racks, or tables large enough to accommodate all soiled and cleaned items shall be provided.

### **Hand sinks**

### Each hand sink must have a soap dispenser and a paper towel dispenser in the ***immediate*** vicinity. Splashguards may be required.

### **Supplemental Cooking Room/Area**

### Must be room permanently attached to the mobile food unit.

* Area shall be completely enclosed by perimeter roof and walls (or screen) that effectively protects the area from the weather and the entry of insects, rodents, and other animals.

### **Lighting**

### Lighting intensity at work surface shall be at least 50-foot candles. Lights must be shielded or shatter-proof and the light fixture itself must be smooth and easily cleanable.

### **Food Service Equipment List**

### As you are listing your equipment here make sure to write the corresponding number on the manufacturer specification sheet.

* Remember to list all cooking equipment (grills, fryer, flat top, etc.), utensil sinks, refrigeration (refrigerator/freezer), hot holding equipment (steam tables, heat lamps, etc.), hot transportation equipment, food service equipment stands, hand sinks, etc.
* Equipment shall be A.N.S.I./NSF approved or equivalent.

### **Raw/Undercooked Food**

* Code now allows the service of raw and undercooked food. Eggs cooked to order and rare hamburgers are examples of food served rare or undercooked. However, additional documentation and proper notice to the public must be posted for this option.

**Preparation of Menu Items**

* Providing several examples is the best way to explain what is needed for this part of the application.
* Example One: Egg Drop Soup

Egg Drop Soup will be made from scratch every morning in the commissary and placed in hot transportation equipment (i.e. cambro). At sales location, soup kettle will be preheated, and soup will be transferred from hot transportation equipment to soup kettle. Leftover soup will be discarded at the end of the day.

* Example Two: Turkey Sandwich with Bacon, Lettuce, Tomato

Lettuce and Tomato will be washed and cut in commissary. Turkey will be purchased precooked/pre-sliced from local food distributor. Bacon will be cooked in the commissary. Sandwiches will be made to order at sandwich refrigeration unit. Store bought hoagie rolls will be used. Condiments such as mustard, mayo, pepper during preparation by employee.

* Example Three: Grilled Chicken Breast on Rice Pilaf

Skinless boneless chicken breasts purchased from local food distributor. Chicken is marinated overnight in a commissary and transferred to precooled mobile food unit refrigerator each morning. Rice is cooked each morning in a commissary and placed in non-transportation equipment (i.e. cambro). At the sales location steam table. Ten chicken breasts are grilled at a time on mobile food unit flattop grill and placed on a steam table. Leftovers will be discarded at the end of the day.

* Example Four: Blackberry Tea

Blackberry Tea will be made from powder form in commissary and then transported to mobile food unit in a dispenser (i.e. Cambro drink transporter). Lemons will be washed and sliced in commissary. Sliced lemons will be placed in sandwich refrigerator in mobile food unit. Ice bins in mobile food unit will be filled with ice from ice machine in commissary. Upon each order, employees will fill plastic cups with ice and fill with blackberry tea. A lemon slice will be added on the top of the cup.

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# **CUMBERLAND COUNTY**

**NORTH CAROLINA**

**DEPARTMENT OF PUBLIC HEALTH**

## **MOBILE FOOD UNIT PLAN REVIEW APPLICATION**

The North Carolina Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600) require that plans drawn to scale for food service establishments shall be submitted for review and approval to the local Health Department (Cumberland County Environmental Services). Review by this department will be delayed if this application is submitted incomplete or does not contain all supporting documentation.

*\*****Use the attached Mobile Food Unit Application Guide to aid in completing this application****\**

**Mobile Food Unit –** vehicle-mounted food service establishment designed to be readily moved. It is a self-contained restaurant on wheels that is fully enclosed with floors, walls, and ceilings. Mechanical refrigeration is required for the cold storage of open and potentially hazardous foods.

**Applicant Information**

Construction: ( ) New – not built at this point ( ) Remodel Other

Mobile Food Unit Name:

Owner’s Name:

Owner’s Address:

City:                                                                                                         State:**North Carolina** Zip Code:

Home Phone:                                                                                                Cell Phone:

Owner’s E-mail Address:

**Checklist**

The following items must be submitted with this application: **(Initial each item as completed)**

               Completed Commissary Agreement Form *(Completed by both applicant and restaurant permittee/owner)*

               Completed Mobile Food Unit Operating Schedule

               Completed Mobile Food Unit Plan Review Acknowledgement

               Completed Mobile Food Unit Operational Permit Application (this document)

               Food Equipment Layout (scale no less than ½ inch = 1 foot) showing the placement each piece of food service equipment (top view and side view required). Include lighting, sinks, refrigeration, cooking equipment, water heater, steam tables, hood, water pump, etc.

               Plumbing Schematic (side view – does not need to be to scale). Show H/C water lines, “P” trap(s), vent(s), potable and sewer tanks.

               Manufacturer specification sheets for Food Service Equipment List (page 2)

               Signed and dated menu (including all food, drinks, and condiments)

**$200** plan review fee per mobile food unit

Application Submittal Information

Application, supporting documentation and fee(s) can be mailed or delivered to:

**Cumberland County Environmental Health at 1235 Ramsey Street, Suite 3300, Fayetteville, NC 28301**

**Operation**

Primary County of operation:

Proposed location/address of operation:

Days and Hours of Operation:

Projected number of meals to be served (approximate):

Breakfast                      Lunch                      Dinner

**Finishes** (must be smooth, nonabsorbent, and easily cleanable)

Floors:                                                          Walls:                                                             Ceilings:

Wall behind cooking equipment:                                                                                                                                          (i.e. stainless steel)

**Water Storage Tank**

Water tank storage capacity:                      gallons

Location: ( ) Inside unit ( ) Outside unit

Construction materials:

Is NSF/Food Grade Hose Available?                YES                NO

Potable water hose stored in the following protected area:

**Sewage Storage Tank**

Permanently mounted sewage storage tank: Capacity              gallons

Location: ( ) Inside unit ( ) Outside unit

Type of sewer vents on unit: ( )Vent to exterior & protected ( ) Vent to interior by an air admittance valve

Is there a toilet facility available on the unit?                YES                NO

If so, is there a separate sewage tank specifically for the toilet facility?                 YES                NO

How many gallons is this waste tank?                YES                NO

**Water Heater Specifications**

Manufacturer:                                                                                        Model:

Fuel Type: ( ) Gas BTU ( ) ( ) Electric                                               kW

Type: ( ) Tankless ( ) Tank

**Generator**

Manufacturer:                                                                                          Wattage:

**Utensil Washing**

Number of sink compartments:                    Size of compartments(inches): Length:                    Width:                    Depth:

Size of drain boards (Length x Width in inches) Right:               x                Left:               x

**Hand sinks** Lighting (must be smooth and easily cleanable)

Number of hand sinks:                     Shielded covers ( )

Initial Date

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| *Example: 1* | *Example: 2 Door Refrigerator* | *Example: True* | *Example: TR-321* |
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Number Equipment Manufacturer Model 

*\*\*\*Food Equipment Layout and Manufacturer Specifications Sheets must be labeled with corresponding number from this list\*\*\**

Initial Date

Raw/Undercooked Foods

Will any animal foods such as beef, eggs, fish, shellfish, poultry, pork, milk, Iamb, etc. be offered raw or undercooked?                     NO                     YES

\*Consumer advisory must be posted per NC Food Code Manual 3-603.11.

**OPERATION AT THE COMMISSARY**

What times of the day would you service the mobile food unit at the commissary?

Do the commissary operation hours coincide with mobile food unit hours?

**HOT HOLDNG**

How will the hot food be held from commissary to the site of operation?

List Foods that will be held hot before serving:

**COLD HOLDING**

How will the cold food be held from commissary to the site of operation?

List Foods that will be held cold before serving:

**REFRIGERATION ON MOBILE FOOD UNIT**

List refrigeration on Mobile Food Unit:

**REFRIGERATION AT COMMISSARY**

Indicate location at commissary designated for Mobile Food Unit food storage:

Initial Date

**Preparation of Menu item**

Describe the following for each proposed menu item:

* Processing of the menu item in the commissary (cut, washed, thawed, marinated, cooked, chilled, etc.)
* Processing of the menu item in the mobile food unit (cooked, hot held, assembled, etc.)
* Hot transportation equipment (from commissary to mobile food unit)

Food Product

Food Product

Food Product

Food Product

Food Product

Initial Date

Food Product

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Food Product

Food Product

Food Product

Initial Date

Food Product

Food Product

Food Product

Food Product

Food Product

Food Product

Initial Date

**FOOD PREPARATION FACILITIES ON MOBILE FOOD UNIT**

Number of food prep sinks:                  Are separate sinks provided for vegetables and meats?            YES           NO

Size of sink drainboards (inches):

Does the prep sink have an air gap?                   YES                 NO

How will the sinks be cleaned after use or between meat species?

Describe food prep area on Mobile Food Unit:

**FOOD PREPARATION FACILITIES AT COMMISSARY**

Number of food prep sinks:                  Are separate sinks provided for vegetables and meats?            YES           NO

Size of sink drainboards (inches):

Does the prep sink have an air gap?                 YES               NO

How will thesinks be cleaned after use or between meat species?

Describe food prep area at commissary:

**DRY STORAGE**

Frequency of purchases per week:                                                          square feet shelf space:                                ft2

Indicate location at the commissary designated for dry storage:

**DISHWASHING FACILITIES ON MOBILE FOOD UNIT**

Number of sink compartments:

Size of sink compartments (inches):

Length -

Width -

Depth -

Length of drainboards (inches):

Right -

Left -

Are the basins large enough to immerse your largest utensil?                      YES                    NO

What type of sanitizer will be used?

Chlorine

Quaternary ammonium

Hot water

Other (specify)

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sins or put through a dishwasher be cleaned and sanitized?

Initial Date

How many air drying shelves will you have?

Calculate the square feet total air drying space:                                                                                                          ft2

**DISHWASHING FACILITIES AT COMMISSARY**

Number of sink compartments:

Size of sink compartments (inches):

Length -

Width -

Depth -

Length of drainboards (inches):

Right -

Left -

Are the basins large enough to immerse your largest utensil?                      YES                    NO

What type of sanitizer will be used?

Chlorine

Quaternary ammonium

Hot water

Other (specify)

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sins or put through a dishwasher be cleaned and sanitized?

How many air-drying shelves will you have

Calculate the square feet of total air-drying space:                                                                                                        ft2

**HANDWASHING/TOILET FACILITIES**

Will approved toilet facilities be available for Mobile Food Unit employees at all operating/set-up locations?

                 YES                   NO

If toilet facilities are provided on Mobile Food Unit, will there be a hand sink inside the toilet room in addition to the hand sink located in the food preparation area                 YES                   NO

**EMPLOYEE AREA**

Indicate location for storing employees’ personal items on Mobile Food Unit:

**GARBAGE, REFUSE AND OTHER**

Where will Mobile Food Unit be stored after operation?

Location and size of can wash facility at commissary:

Is can wash area accessible to Mobile Food Unit?                   YES                  NO

Are hot and cold water provided as well as a threaded nozzle?                   YES                   NO

How will used grease be disposed?

Are doors on Mobile Food Unit self-closing?                      YES                     NO

Fly fans provided?                       YES                       NO

Initial Date

Where will chemicals be stored?

Where will clean linen be stored?

Where will dirty linen be stored?

**Application Submittal Information**

Application, supporting documentation and fee(s) can be mailed or hand delivered to Cumberland County Environmental Health at 1235 Ramsey Street, Fayetteville, NC 28301, Suite 3300.

**STATEMENT: I hereby certify that the information provided within this application is accurate and I fully understand that any deviation or variance from this application without prior written permission from Cumberland County Environmental Health will prevent issuance of an operational permit for the unit. I understand that this application will be returned to me if incomplete and will delay processing. I also understand that multiple inspections of the unit may be required and that if the unit is not in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600 and the North Carolina Food Code, an operational permit will not be issued. Approval of these plans and specifications by Cumberland County Environmental Health does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).**

**Signature:                                                                                         Date:**

**(Owner/Operator or Designee)**

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**DEPARTMENT OF PUBLIC HEALTH**

**MOBILE FOOD UNIT PLAN REVIEW ACKNOWLEDGEMENT**

**Mobile Food Unit –** A vehicle with food service equipment designed to be readily moved. It is a self-contained food stand on wheels that is fully enclosed with floors, walls, and ceilings. Mechanical refrigeration is required for the cold storage of opened and potentially hazardous foods.

**Commissary –** A food service establishment that services and serves as a base for mobile food units and pushcarts. The commissary may or may not serve customers at the base location.

**Items to consider:**

* Pushcart or Mobile Food Unit? Type of unit? Types of foods
* Pushcart or Mobile Food Unit must have access to a commissary. A commissary agreement will be required prior to unit approval.
* Pushcart and Mobile Food Unit must submit a list of locations where the unit will operate prior to permit issuance. The list of operations must be current.
* Prior to initiating operations in a county (other than Cumberland), the operator of the Pushcart or Mobile Food Unit shall contact the Health Services section of the county in which the Pushcart or Mobile Food Unit will operate to ensure compliance.

**Acknowledgement (Initial beside):**

I understand and certify that the information provided within this application is accurate.

-Any deviation or variance from the information contained in this application may void the operation permit for the unit.

-Multiple inspections of the unit prior to permitting may be required.

-If the unit is not in compliance with Rules Governing the Sanitation of Food Services Establishments 15A NCAC 18A .2600 and the North Carolina Food Code, the operation permit will not be issued or may be revoked.

-Approval of these plans and issuance of a permit does not relieve me of the obligation to comply with all other application code, law, or regulation imposed by other jurisdictions.

-A completed operational schedule will be submitted to the Department each month.

-The Mobile Food Unit Application Guide was provided to me and I have read and fully understand the information provided.

Printed Name of Applicant or Designee:                                                                                         Date:

Signature of Applicant or Designee:                                                                                                Date:

Received by:                                                                                                                                     Date:

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**DEPARTMENT OF PUBLIC HEALTH**

**Plan Review Application for Mobile Food Units and Pushcarts**

**MOBILE FOOD UNIT/PUSHCART COMMISSARY AGREEMENT**

Pushcarts and mobile food units shall operate in conjunction with a permitted food service establishment and shall report at least daily to the commissary for supplies, cleaning, and servicing.

**To be completed by the mobile food unit/pushcart operator:**

Check one: □Mobile Food Unit □Pushcart

Name of Mobile Food Unit or Pushcart:

Operator Name:

Mailing Address:

Email:                                                                                                           Phone Number:

Signature of owner/operator or designee:                                                                        Date:

**Completed by the permittee or owner of the commissary located in Cumberland County:**

As the permittee or operator of the food service establishment noted below, I agree to serve a commissary for the Mobile Food Unit or Pushcart named above. I understand that as a commissary for the Mobile Food Unit or Pushcart, I must allow access for the Mobile Food Unit or Pushcart to return for servicing on a daily basis.

**I will do the following (Initial beside each):**

               Provide a designated protected area for food and utensil storage, including refrigeration/freezer and dry storage area.

               Label the designated storage spaces for the unit’s exclusive use. Provide use of the utensil sink to wash utensils used on the unit. Provide use of the kitchen facilities including prep sinks for food preparation.

               Provide an exterior wastewater collection system for disposal of wastewater.

               Provide a protected connection to the potable water supply.

                Provide commissary access for the Mobile Food Unit/Pushcart necessary to maintain rule compliance.

Name of Commissary:

Commissary Address:

Email:                                                                                                  Phone Number:

Signature of Commissary Owner or Permittee:                                                                      Date:

**(Office Use Only) Commissary:                Approved               Disapproved (give reason)**

**By:                                                                                                               Date:**

**REHS Signature**

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**DEPARTMENT OF PUBLIC HEALTH**

**MOBILE FOOD UNIT OPERATING SCHEDULE**

Provide an updated operating schedule to the Cumberland County Environmental Health once a month.

Fax: 910-433-3793 or Hand Deliver to 1235 Ramsey Street, Fayetteville, NC 28301, Suite 3300

Mobile Food Unit Name:

Vehicle Type:                                                                                       VIN Number:

Vehicle License Number:

Owner’s Name:

Owner’s Address:

City:                                                                                             **North Carolina** Zip Code:

Home Phone:                                                                                   Cell Phone:

Owner’s Email Address:

Commissary Name:

Commissary Address:

I plan on operating at one location                        YES                         NO

|  |  |  |
| --- | --- | --- |
| **Operating Location/address** | **Approximate Times** | **Toilet Facilities** |
|  |  | YES               NO |

I plan on operating at multiple locations or on a route:                         YES                       NO

List all locations where you plan to operate. If operating on a fixed route or in multiple locations indicate the approximate time and dates/days, if applicable that you will operate at each location.

|  |  |  |
| --- | --- | --- |
| **Operating Location/address** | **Approximate Times** | **Toilet Facilities** |
|  |  | YES               NO |
|  |  | YES               NO |
|  |  | YES               NO |
|  |  | YES               NO |

Initial Date

**NOTE: All operating locations shall have an approved toilet facility available for all Mobile Food Unit Employees**

**Printed Name of Applicant or Designee:                                                                Date:**

**Signature of Applicant or Designee:                                                                        Date:**

**Received by:**