**Section 3: Mobile Food Unit plus $250.00 plan review fee**

**Must be submitted at least 30 days prior to commencing operation:**

**NC Food Code:** <http://www.nhcgov.com/Health/enviro-health/Documents/NC-FoodCodeManual-2009-FINAL.pdf>

**NC .2600 Food Rules**: <http://www.nhcgov.com/Health/enviro-health/Documents/15A-NCAC-18A-2600-FINAL.pdf>

**Mobile Food Unit:** means a food establishment designed to be readily moved and vend food. Tag #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commissary:** means a food establishment that services a Mobile Food Unit.

Name of Commissary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enclose the following documents with your application:**

* Proposed Menu with detailed food handling procedures.
* Site plan showing specific location of the commissary. Include alleys, streets, any outside equipment (including dumpsters, well, septic system, out-buildings, fresh water supply station and wastewater disposal servicing area).
* Water Source (not from the service sink or can wash).
	+ From a protected potable water source located on the outside of the building (separate protected hose bib)
* Water Tank – Total Gallons \_\_\_\_\_\_\_
	+ Enclosed, sloped to outlet for complete drainage and protected (cap with a keeper chain, closed cabinet, or other approved protective cover (inlet, outlet, and hoses).
	+ Water tank inlet must be **¾”** inch in diamater or less.
	+ Inspection port (if provided - flanged up **½”**, cover with gasket, cover secured in place and flanged to overlap opening for port).
	+ Cleaned and sanitized before use.
	+ Tank Vent terminates in a downward direction and shall be covered with 16” mesh screen or equivalent and protected or a protective filter (if unprotected).
	+ Under pressure with hot and cold running water to all sinks.
* Fresh Water Hoses
	+ Must be Food Grade and protected when not in use and stored on the MFU.
	+ Hoses must be flushed and sanitized before use and properly stored.
	+ Water tank and hose inlet and outlet fitting shall be protected using a cover or device and used for no other purposes. Storage Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Wastewater Disposal
	+ Discharged to an approved sewage disposal system at the service area at the commissary.
	+ Wastewater hoses must be stored in designated areas outside of the commissary or on the outside of the MFU. Storage Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Tank must be thoroughly flushed and drained.
* Wastewater Tank – Total Gallons \_\_\_\_\_\_
	+ Sized **15%** larger than the fresh water holding tank and permanently attached to the MFU.
	+ Sloped to drain that is **1”** inch (internal diameter or greater) and equipped with a shut off valve and lower than the water inlet connection.
* Indirect connections must be provided for food service equipment requiring drainage.
* Floor plan drawn to scale (minimum 1/4” = 1’) of **MFU** indicating location of all equipment and storage. Each piece of equipment must be clearly labeled on the plan. (Equipment requirements are based on the menu and food handling procedures)
	+ ANSI approved single compartment sink with backsplash protection.
	+ A drainboard on each side of the sink or approved counter top space.
	+ Hand wash sink with combination faucets, soap and disposable towels.
* All work top equipment must be labeled and identified on plan (i.e. toasters, steam-well, microwaves, panini grills, mixers and soda dispensers).
* Numbered manufacturer specification sheets to match each piece of equipment on the MFU and commissary plans.
* Provide location of:
	+ Entrances, exits, openings, windows with screening or effective use of fans if left open.
	+ Floor drains, floor sinks, water heating equipment, fly fans, vents, and electrical panels.
	+ Locate any water treatment systems on plans (water softner, filters, etc).
	+ Describe water heating system.
* Provide location of operation, dates, and times for the MFU operation.

**COMMISSARY REQUIREMENTS:**

* Provide a copy of the commissary sign in sheet.
* Provide floor plan drawn to scale (minimum 1/4” = 1’) of all equipment and storage to be used in the commissary.

**AGREEMENT FROM PERMITTED RESTAURANT TO ALLOW A MOBILE FOOD UNIT TO OPERATE IN CONJUNCTION WITH THIS ESTABLISHMENT**

Name of Establishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager or Person-in-Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission is given to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to operate a mobile food unit in conjunction with my food service establishment. I understand the applicable regulations require that the MFU report daily to my establishment for supplies, cleaning, and servicing. I agree to allow supplies for the unit to be stored on my premises. I understand that any sanitation deficiencies resulting at my food service establishment, even if directly or indirectly related to the operation of the MFU, will be reflected in the sanitation grade of my food service establishment. This agreement shall stay in effect as long as I am the owner, unless rescinded by notifying the MFU owner and Environmental Health Services of New Hanover County in writing.**

I, the food service establishment owner, can and will provide the necessary facilities for the MFU at my permitted food service establishment as checked below:

❒Food Preparation ❒Electrical hook-up ❒Handwashing

❒Dry Food Storage ❒Frozen Food Storage ❒Refrigerated Food Storage

❒Mult-use Utensil Wash ❒Overnight Parking ❒Sewage disposal

❒Toilets ❒Water filling station ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Commissary Owner:**

**I certify that the MFU will have access to my food service establishment for the above checked items.**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**