



1203 Maple Street
Greensboro, NC 27405

MOBILE FOOD UNIT / PUSH CART APPLICATION REQUIREMENTS

1. WRITTEN MENU (FOOD & DRINK ETC.)
2. EVALUATION OF FOOD SERVICE AND PUSH CART/MOBILE FOOD UNIT
3. LIST OF OPERATING TIMES AND LOCATIONS
4. COMMISSARY AGREEMENT WHICH YOU MUST RETURN TO EACH DAY
5. PLEASE NOTE RULES GOVERNING THE SANITATION OF RESTAURANTS AND OTHER FOOD HANDLING ESTABLISHMENTS, 15A NCAC 18A .2600 – CAN BE FOUND AT <http://ehs.ncpublichealth.com/rules.htm>
6. \$200.00 PLAN REVIEW FEE – MAKE CHECK PAYABLE TO GUILFORD COUNTY

GENERAL REQUIREMENTS FOR A PERMITTED MOBILE FOOD UNIT

*****THIS LIST IS NOT ALL INCLUSIVE*****

Requirements may vary based on types of foods prepared.

- The unit must be operated in conjunction with a permitted restaurant and must report to that restaurant daily for servicing, cleaning, and supplies. The restaurant facilities must be adequate to handle the burden from the Mobile Food Unit. Adequacy will be determined by the Health Department.
- All equipment on the unit must be NSF listed, currently meet the standard and be installed accordingly.
- Water heating facilities shall be provided.
- The unit must be equipped with a potable water system under pressure. The system shall furnish hot and cold water for all food preparation, utensil cleaning, and hand washing. The water inlet shall be located so that it will not be contaminated by waste discharge, road dust, oil, or grease and it shall be kept capped unless being used.
- A hand washing lavatory with hot and cold water, combination supply faucet, soap, and single service towels shall be provided.
- A three compartment sink of sufficient size to submerge, wash, and rinse utensils shall be provided. This sink shall have splash back protection and drain boards that are an integral part and continuous with the sink. These drain boards shall be of sufficient size to accommodate the air drying of washed utensils.
- Provide a permanently installed sewage storage tank that is at least 15% larger than the water supply tank. All connections on the vehicle for servicing Mobile Food Unit waste disposal facilities shall be of a different size or type than those used for supplying potable water. The waste connection shall be located lower than the water inlet connection to preclude contamination of the potable water system.
- Provide adequate refrigeration and freezer space, cooking equipment, and dry storage to facilitate the proposed operational menu.
- Floor, wall, and ceiling finishes shall be smooth, light in color, and easily cleanable.
- All lighting shall be shatter shielded.
- Screening or appropriate fans shall be provided to exclude flies, etc.

To begin the process, you will need to submit a Guilford County application along with the \$200 plan review fee; including, a copy of your proposed menu and any drawings or spec sheets for the proposed Mobile Food Unit.



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MOBILE FOOD UNIT / PUSH CART COMMISSARY AGREEMENT

Title 15A North Carolina Administrative Code 18A .2600 "Rules Governing the Food Protection and Sanitation of Food Establishments" specifies in section .2670(d), Pushcarts and mobile food unites shall operate in conjunction with a permitted commissary and shall report at least daily to the commissary for supplies, cleaning, and servicing.

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

Check one: New Application/New Commissary Change of Commissary

Check one: Mobile Food Unit Pushcart

Name of Mobile Food Unit or Pushcart: _____

Operator Name (print): _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____ Phone Number: _____

Signature: _____ Date: _____
(Operator of Mobile Food Unit / Pushcart)

Completed by the permittee or owner of the Commissary: As the permittee or operator of the food service establishment noted below, I agree to serve as a commissary for the Mobile Food Unit or Pushcart named above. I understand that as a commissary for the mobile food unit/pushcart, I must allow access for the mobile food unit/pushcart to return for servicing each day that it operates.

The commissary management will provide the following:

- 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
- Use of the utensil sink to wash utensils used on the unit
- An exterior wastewater collection system for disposal of wastewater
- A protected connection to the potable water supply

Name of Food Service Establishment serving as Commissary: _____

Operator/Permittee Name (print): _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____ Phone Number: _____

Signature: _____ Date: _____
(owner/permittee)



MOBILE FOOD APPLICATION
FOOD AND LODGING DIVISION
Architectural Plan Review Section
1203 Maple Street, Greensboro NC 27405
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Thank you for using the Architectural Plan Review Section of the Guilford County Health Department. If we can be of further assistance, please contact us. We can be reached by telephone between 8:30 a.m. and 9:30 a.m. otherwise a voice mail message may be left.

The following items will be needed to complete the plan review process:

- 1 - A complete menu,
- 2 - Scaled drawing or plan blueprint of the facility,
- 3 - Equipment cut sheets,
- 4 - If any custom millwork is to be done, shop drawings of the piece of millwork and,
- 5 - A completed application.
- 6 - The plan review fee is \$200.00 due at submission of plan.

A complete set of drawings or plans consists of the following:

- 1 - finish schedules,
- 2 - scaled drawing of the kitchen and related areas and,
- 3 - water heater location.

*Additional information may be requested, as all concepts and operations are unique.

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You can choose to deliver this information to our Administrative Assistant or mail it to the above address. Please allow adequate time (generally, less than 30 days) for review of any delivered plans. You may call the office to follow through with the plan.

Additional Resources:

Guilford County Web site: <http://www.myguilford.com/>
Restaurant Rules web site: <http://ehs.ncpublichealth.com/rules.htm>



**Division of Environmental Health
Architectural Plan Review Application
for Mobile Food Units (MFU) & Push Carts (PC)**

Please complete all pages of the application

A. Demographic Details

Name of MFU/PC	Mailing Address	City	State	Zip
Contact Person/Owner	Phone Number	Fax Number	E-Mail	

B. Construction Details

MFU/PC Manufacturer	Address	Phone Number	E-Mail
Contractor/Builder	Phone Number	Fax Number	E-Mail

C. 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 used 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? _____

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____
Owner or Responsible Representative

Date: _____

Please remit the application and all supporting information to:

Guilford County Department of Public Health
Environmental Health Division
1203 Maple Street
Greensboro, NC 27405