



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.

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

- 1 - A complete menu,
- 2 - Scaled drawing or plan blueprint of the unit,
- 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: <https://www.guilfordcountync.gov/>  
Restaurant Rules web site: <http://ehs.ncpublichealth.com/rules.htm>



## Division of Environmental Health Food Service Establishment Plan Review Application

COMPLETE ALL PAGES OF THE APPLICATION

Restaurant / Food Stand     Push Cart / MFU     Commissary  
(CHECK ALL THAT APPLY)

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### A. DEMOGRAPHIC

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

Permittee (Legal Name of Corporation/Entity) \_\_\_\_\_ Name(s) of Registered Agent \_\_\_\_\_

Primary Registered Agent      Date of Birth      Address      City      Zip

Phone Number      Email Address

Primary Contact Person      Address      City      Zip

Phone Number      Email Address

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### B. PLAN SUBMISSION

Contractor/Manufacturer      Address      City      Zip

Phone Number      Email Address

Architect/Engineer      Address      City      Zip Code

Phone Number      Email Address

Plan Pages Submitted:  Equipment     Plumbing     Lighting     Ventilation     Site     Shop Drawings

Specifications Submitted:  Equipment     Menu     Finish Schedules

Push Cart / Mobile Food Unit:  Commissary Agreement

**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 and/or result in the denial of my application.**

Signature (Authorized Representative)

Date

**C. OPERATION DETAILS**

Hours of Operation

Day	Open	Close
Monday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Sunday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Type of Operation (check all that apply)

- Catering                       Commissary                       Multi-use Utensils  
 Single-Service                       Sit-down Meals                       Take-out  
 Other: \_\_\_\_\_

Total # of Seats: Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Bar: \_\_\_\_\_

**D. SPECIALIZED FOOD PROCESSING PROCEDURES**

**The processes below require an application to the State for an approved variance.**

Indicate any specialized processes that will take place:

- Smoking                       Fermentation                       Reduced Oxygen Packaging (e.g. vacuum sealing)  
 Curing                       Sprouting                       Acidification (sushi, etc.)  
 Other: \_\_\_\_\_

**Must complete and submit State variance application to State Variance Committee – Additional information will be provided by the Health Department to complete the application.**

Will specialized food processes be conducted?     Yes     No

*NC Food Code 8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting or drying process.*

**You will need to submit your Hazard Analysis Critical Control Point (HACCP) plan and Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment. (8-103.10 Modifications & Waivers) The State Variance Committee can be reached at (919) 707-5854.**

Will any meats, eggs, seafood, poultry, and shellfish served or sold raw or undercooked?     Yes     No

If YES, then provide Consumer Advisory with menu submission.  
(see NC Food Code 3-603.11 – Consumer Advisory)

**E. FOOD SUPPLIES: (Ingredient List)**

List all foods and ingredients used in the food service establishment.

**In Chart A:** Include all condiments, sauces, dry goods, cheeses, herbs, produce, breads, pasta, soups, etc.

**In Chart B:** Include all meats, seafood and other proteins.

**Chart A:**

Check all that apply

Produce / Dairy / Dry Foods / Sauces / Soups	Supplier / Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw / Fresh	Pre-Cooked	Whole	Pre-Portioned

**Chart B:**

Check all that apply

<b>Proteins (Meats, Poultry, &amp; Seafood)</b>	<b>Supplier / Vendor</b>	<b>Refrigerated</b>	<b>Frozen</b>	<b>Dry</b>	<b>Canned</b>	<b>Bagged</b>	<b>Raw / Fresh</b>	<b>Pre-Cooked</b>	<b>Whole</b>	<b>Pre-Portioned</b>





## F. FOOD HANDLING

### Food Processes

List all menu items

Check all that apply

Entrées	Prepared on Site	Thawed	Cooked from Frozen	Breaded or Marinated	Bulk Cooking	Cooked to Order	Held Hot	Held Cold	Cooling	Reheated



Check all that apply

Soups, Salads, Sauces & Gravies	Prepared on Site	Thawed	Cooked from Frozen	Breaded or Marinated	Bulk Cooking	Cooked to Order	Held Hot	Held Cold	Cooling	Reheating

**Cooling Processes**

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 41° after being cooked.

Check all that apply

Cooling Process	Meat	Seafood	Poultry	Soup	Sauce	Other
Shallow Pans in Refrigerator						
Ice Baths						
Rapid Chill						

**Food Storage**

Complete all that apply

<b>Equipment</b>	<b># of Units</b>	<b>Total Cubic Feet of Space of Each Unit</b>	<b>Ready-to-Eat</b>	<b>Raw Proteins</b>
Walk-in Refrigeration Storage				
Walk-in Freezer Storage				
Reach-in Refrigeration Storage				
Reach-in Freezer				
Work Top Freezer				
Flip Top & Work Top Refrigeration				
Refrigerated Drawers				

**G. CONSTRUCTION**

Indicate which materials will be used in the following areas:

<b>Area</b>	<b>Floor</b>	<b>Base</b>	<b>Walls</b>	<b>Ceiling</b>
Kitchen / Dishwashing				
Bar				
Front Storage				
Toilet Rooms				
Other Storage				
Self Service Areas				
Walk-in Refrigeration & Freezers				

**Insect & Rodent Control**

Check all that apply

	<b>Fly Fans or Air Curtains</b>	<b>Self-Closures</b>
Delivery Doors		
Entry Doors		
Screened Doors		
Restroom Doors		
Drive Thru Pick-up Window		
Walk-up Screen Window		
Garage Doors or Windows that Open		

**Garbage & Refuse**

Check all the apply

	Yes	No	Indoor	Outside
Compactor (stored on asphalt or concrete)				
Dumpster (stored on asphalt or concrete)				
Trash Cans with Lids				
City Trash Bags				
Recycle Containers with Lids				
Dirty Linen Containers/Systems (stored on asphalt or concrete)				
Grease Recycling Containers/Systems (stored on asphalt or concrete)				
Can Wash (3' x 3' curbed pad sloped to drain with hot and cold water and backflow prevention with mop rack)				

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**Where will all chemicals be stored?** \_\_\_\_\_

**Water Heater** (minimum with 90°F Rise):  Gas  Electric

Instantaneous (number to be installed: \_\_\_\_\_) Model #: \_\_\_\_\_

Recovery Rate (gallons per hour) Storage Capacity (gallons): \_\_\_\_\_

\*Provide Manufacturer's Specifications Sheet\*

**Employee Storage (Required)**

Describe storage facilities for employees' personal belongings below.

\_\_\_\_\_  
 \_\_\_\_\_

**Linens**

Check all that apply

Cleaning Methods	Onsite Clothes Washer	Onsite Clothes Dryer	Laundry Service
Aprons			
Uniforms			
Wiping Cloths			
Table Cloths			
Cloth Napkins			
Oven Mitts			

Location of dirty linen storage: \_\_\_\_\_

Location of clean linen storage: \_\_\_\_\_

**H. PREPARATION AREAS**

Prep sink with drain-board must be provided for:

- Produce  Ready-to-Eat  Seafood  Raw Meat  Sushi  Raw Poultry

**Dishwashing Facilities**

At least one 3-compartment sink (with integral drain boards on each side) large enough to submerge the largest equipment and utensils are required. Does your facility use full size sheet pans?  Yes  No

What types of utensils will be used in this facility?  Plates  Glassware  Silverware  Disposable Only

Dimensions of sink basins: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Length of drain boards (at least 24 inches): Right: \_\_\_\_\_ Left: \_\_\_\_\_

**A spray arm and faucets is required on all 3-compartment sinks for pre-rinsing if no dishwashing area provided.**

What type of sanitizer is used?  Chlorine  Iodine  Quaternary Ammonium  Hot Water

Other, describe: \_\_\_\_\_

Dishwasher sanitizing cycle used:  Hot Water  Chemical

Make & Model: \_\_\_\_\_

Total amount of square feet of air drying space provided: \_\_\_\_\_ ft<sup>2</sup>

**This space is only for air drying and not as clean dish and/or ware storage.**

Indicate the location and type of air drying areas below.

\_\_\_\_\_  
\_\_\_\_\_

**Handwashing & Toilet Facilities**

Hand washing sinks with hot and cold running water, soap, individual paper towels, signs, and trash cans must be provided in each food preparation and ware washing area.

Hand wash lavatories must be placed to prevent cross contamination.

Identify all handwashing lavatories in all restrooms and work areas (zones).

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**Supplemental Well and Sewage Disposal System Information Form**

For assistance with the information below contact Water Quality, 400 W. Market St., Greensboro, NC 27401, (336) 641-7613

**Facility Information:**

Type of Establishment: \_\_\_\_\_

Sq. Footage – Food Service Area: \_\_\_\_\_

# of Public Restrooms: \_\_\_\_\_

Estimated # of meals per day: \_\_\_\_\_

Dishwasher or  Single Service

**Existing Well & Sewage Disposal System Information:**

Date Septic System Installed: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date Well Installed: \_\_\_\_\_

Permit #: \_\_\_\_\_

Owner at time of Installation: \_\_\_\_\_

Please list any known Well or Septic Tank specifications and Location information:

\_\_\_\_\_  
\_\_\_\_\_

Signature (Authorized Representative)

Date