



Name of Applicant(s): _____

Mailing Address: _____

City, State, Zip: _____

Phones: _____ Cell _____

Email(s) _____

Name of Proposed Unit: _____

Name of Legal Ownership: _____

Type of Ownership; association, corporation, individual, partnership, or other legal entity:

Names and Titles of Persons in Legal Ownership: _____

Legal Ownership Address: _____

City, State, Zip: _____

Phones: _____ Cell _____

Email(s) _____

Incomplete applications will delay the review and processing.

MFU & Push Cart Plan Review Submittal Checklist:

The following items must be included with this application.

- SEE MFU Checklist for requirements, guidance, fee and payment options.
- Completed Application and Shared-Use Kitchen / Commissary agreement.
- Plans of the unit drawn to scale, including equipment locations, a plan and profile view, plumbing schematic (plumbing lines, water heater, potable water tank, water pump, sewer vent, wastewater holding tank, etc). A plumbing schematic is not required for a pushcart.
- Manufacturer’s specification sheets for all proposed food service equipment
- Menu (including all food, drinks and condiments)
- Operational Schedule - List of proposed locations and times of operation.
- Any menu or equipment changes after the date of this application must be submitted in writing for review and approval by this office.
- Plan Review Fee will be invoiced after Application is deemed complete.





What Type of Construction Materials are Used:

For Pushcart Only:

Pushcart body (If prefabricated unit, provide make, model number, and specifications):

Location and description of protected storage location for pushcart when not in use:

For Mobile Food Unit Only:

Floors: _____ Walls: _____

Ceilings: _____ Countertops: _____

Light Shields: _____

List all food service equipment and attach manufacturers' specification sheets: (List for push cart where applicable)

Cooking equipment (fryers, grills, etc):

Cold holding equipment (refrigerators, freezers, etc): a.

Hot holding equipment (steam tables, hot lamps, etc):

Stainless steel sink(s) (List for push cart where applicable):

Size of vat (Length x Width x Depth) _____ X _____ X _____ inches

Size of drain boards (Length x Width) _____ X _____ inches





Food Preparation Procedures

Will Time as a Public Health Control be used for any menu item? (3-501.19 Time as a Public Health Control) YES _____ NO _____

Will beef, eggs, fish, lamb, milk, pork, poultry, (including eggs), YES _____ NO _____

Seafood or shellfish be served or sold raw or undercooked? (3-603.11 Consumer Advisory)

Will any menu items be packaged for delivery? YES _____ NO _____

Specialized Processes

The applicant will need to submit the HACCP plan & 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)

Request an application from the State Variance Committee by email: ncvariancecommittee@dhhs.nc.gov

Will specialized food processes be conducted? YES _____ NO _____

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

Check any specialized processes that will take place:

Curing	
Smoking	
Acidification (Fermenting/Pickling)	
Sprouting Beans	
Dehydrating	
Sous Vide	
Reduced Oxygen Packaging (Vacuum)	
Other	





Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served. Check all that apply or NA

Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)		
Thick meats, whole poultry	(roast beef, whole turkey, chickens, and hams)	
Cold processed food	(salads, sandwiches, vegetables)	
Hot processed foods	(soups, stews, rice/noodles, gravy, chowders)	
Bakery goods	(pies, custards, cream fillings & toppings)	

Food Sources: List all food suppliers that will be used and products provided by each:

Hot Holding: List all foods that will be held hot:

Cold Holding List all foods that will be held cold:





FOOD HANDLING PROCEDURES

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Food handling explanations should be supplemented with a menu detailing ingredients and processes for each offering.

PRODUCE AND READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

RAW-POULTRY HANDLING





RAW-MEAT HANDLING

RAW-SEAFOOD HANDLING





Cooling at Shared-Use Kitchen / Commissary No Cooling Should Occur on Mobile Unit

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 or indicate NA

Cooling Process	Meats	Seafood	Poultry	Vegetables	Soups	Sauce
In refrigerator Using Shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

KITCHEN EQUIPMENT FOR FOOD STORAGE (In the commissary)

Check all that apply or indicate NA

	Number of units	Amount of space for catering: number of shelves or ft ²
Walk-in Cooler		
Walk-in Freezer		
Reach-ins		
Alto-Shams		
Hot Holding Cabinets		
Shelving in Dry Storage		

Purchasing food daily Yes _____ No _____

If **yes and no stock will be maintained at the commissary**, the purchase receipts must be maintained for review during inspection. Undocumented food items can be discarded during inspections.





Wastewater and potable water equipment

Permanently mounted potable water tank

Size (Length x Width x Depth): _____X_____X_____inches

Capacity _____(gallons),

Construction material: _____

Permanently mounted wastewater holding tank

Size (Length x Width x Depth): _____X_____X_____inches

Capacity _____(gallons)

Construction material: _____

NOTE: Waste water tank must be at least 15% larger than the fresh water tank

Type of sewer vent:

_____Vents to exterior (vent protected from rain/vermin) OR

_____Vents to interior by an air admittance valve

Make and model of water pump to be used: _____

Water heater specifications: On-Demand ____ Tank type ____

Size in gallons _____

Gas (btu) _____

Electric (kw) _____

Confirm Manufacturer’s specification sheets for water pump and water heater is submitted with equipment specification sheets? Yes _____

It is in the best interest for the safety of the operator to have the LP gas lines inspected by the Department of Agriculture LP gas standards division.

The LP gas standards office may be contacted at 919-707-3225

Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | <http://dcopublichealth.org/services/environmental-health>
Equal Employment/Affirmative Action Employer food@dconc.gov





Operator Understands and Agrees to the following:

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

- ✓ Any deviation or variance from the information contained in this application may void the food service permit for the unit,
- ✓ Multiple construction compliance inspections may be required prior to permitting,
- ✓ The food service permit will not be issued until the unit is in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600
- ✓ The operator must comply with all other applicable code, law, or regulations imposed by other jurisdictions.
- ✓ An accurate operational schedule must be submitted to the Department each month.
- ✓ Failure to submit accurate monthly operational schedule can result in permit suspension or revocation.

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

North Carolina food rules can be found at <http://ehs.ncpublichealth.com/rules.htm>

Health Department evaluation of shared- use kitchen / Commissary spaces and construction of the Mobile Unit / Pushcart are subject to this review process, approval and permitting.

Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____



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COMMISSARY AGREEMENT FOR FOOD SERVICE OPERATORS

A Commissary is a permitted food service establishment that provides shared use kitchen facilities for mobile food units, Push carts and caterers. This Commissary Agreement is part of the plan review approval and Health Department approval is required for shared use kitchen permits. A Commissary may also serve as a restaurant for the permitted food service.

Completed by the food service operator:

Select: Mobile Food Unit ___ Pushcart ___ Caterer ___ New ___ Change request ___

Name of food service: _____

Operator Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____ Cell Number: _____

Completed by the permittee or owner of the Durham County Commissary:

The management of the Commissary facility noted below, agrees to provide the Commissary for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the commissary permit.

Management understands and agrees to provide the following for each approval:

- Labelling for the designated storage spaces for the operator’s exclusive use.
- A designated protected area for food and utensil storage.
- Designated spaces for refrigeration / freezer and dry storage areas.
- Use of the utensil sink to wash utensils.
- An exterior wastewater collection system for disposal of wastewater.
- A protected connection to the potable water supply.
- A mechanism to track commissary usage, sign-in, digital tracking, etc.
- Commissary access as needed for the operator to maintain rule compliance.

Name of Commissary: _____

Commissary Address: _____

Commissary Phone Number: _____ Email: _____

Printed Name of Commissary Manager: _____

Signature of Commissary Manager: _____



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Mobile Food and Push Cart Plan Review Application

Mobile Unit / Pushcart Operating Schedule

Unidad / push móvil cesta Horario de funcionamiento

Provide an updated operating schedule to the Durham County Health Department once a month. Proporcionar un programa operativo actualizado al Departamento de Salud del Condado de Durham, una vez al mes.

Date _____

Email to: healthinspector@dconc.gov

Mobile Food Unit Name / Mobile Nombre _____

Operator Name / Nombre del operador _____

Operator Email / operador Email _____

Billing Address / Dirección de Facturación _____

Contact phone / teléfono de contacto _____

Commissary Name / Comisario Nombre _____

Commissary Address / Comisario Dirección _____

I plan on operating at the same location. Planeo operar en el mismo lugar.

Fixed Dates	Commissary /Shared Kitchen Times	Times of Operation	Operating Location Street and City
Example: Mon- Fri	11-2	3 pm-6	The Brewery 2414 Alston Ave, Durham





Mobile Food and Push Cart Plan Review Application

Mobile Unit / Pushcart Operating Schedule

- I plan on operating at multiple locations or on a route.
 Planeo operar en múltiples ubicaciones o en una ruta.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations indicate the approximate time and dates, if applicable that you will operate at each location. Listar todos los lugares donde va a operar. Si se trabaja en una ruta fija o en múltiples ubicaciones indican el tiempo aproximado y fechas, en su caso que va a operar en cada lugar.

Dates	Commissary Shared-Use Kitchen Times	Times of Operation	Operating Location Street and City
Example: 1,3, 15	11am – 2pm	3pm - 6pm	The Brewery 2414 Alston Ave, Durham

Operator Signature: _____

