



Environmental Health Division

Application for a Mobile Food Unit or Pushcart Permit

Revised: 8/1/25

APPLICATION SUBMISSION REQUIREMENTS

(1) Proposed Menu (2) Scaled drawing of Unit (3) Manufacturer's specification sheets for all proposed equipment (4) Commissary approval form (5) Proposed Operational Schedule (locations, times, and days of the week)

Type of Permit: Mobile Food Unit Pushcart

Type of Request: New Construction Existing Mobile Food Unit

UNIT OR CART INFORMATION

Name of Unit or Cart:

Vehicle Tag:

Permit Type: LLC Corporation Individual Other

Permit Holder Name:

Website and/or Social Media Links:

Route Information:

Daily Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

OWNER INFORMATION

Owner or Owner's Representative Name:

Billing/Mailing Address:

City & State:

Zip Code:

Telephone:

E-mail Address:

COMMISSARY INFORMATION: Note - Private residences cannot be used for commissary purposes. All units, when operating, must report daily to a food establishment or commissary approved by this department for supplies, cleaning, and servicing. The food establishment or commissary must include adequate assigned and labeled storage for food and clean utensils. If the food establishment or commissary cannot support these requirements, an operational permit will not be issued.

COMMISSARY INFORMATION

Name of Proposed Commissary:

Commissary Address:

City & State:

Zip Code:

STATEMENT: I hereby certify that the information provided within this application is accurate. I understand that:

- The Mecklenburg County Health Dept. does not issue verbal approvals regarding construction, design, or permitting of mobile food units and pushcarts.
- A non-refundable fee of \$150.00 will be assessed to the applicant/operator and shall be paid with the submission of the application.
- Mobile food units and pushcarts not in compliance with Rules Governing the Food Protection and Sanitation of Food Service Establishments 15A NCAC 18A .2600 will not receive an operating permit.
- Approval of this application or issuance of a permit does not relieve me of the obligation to comply with other applicable codes, laws, or regulations imposed by other jurisdictions.

Signature: _____

Date: _____

(Applicant/Operator)



Equipment

List all food service equipment and attach copies of manufacturer specifications for:

1. **COLD STORAGE EQUIPMENT:** Provide total number of refrigerators and freezers on unit and total cubic- feet to keep food 41F or below. At least 2 refrigerators are required: one to work out of and one for storage. (Beverages, cans/bottles, may be stored in coolers and only Pushcarts may use approved coolers with ice for food)

2. **COOKING EQUIPMENT:** Flat top grill, fryer, oven, convection/microwave, panini press, toaster

3. **FIRE SUPPRESSION:**

Is there a ventilation hood system installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is there a continuous flow with an exhaust fan to the exterior of the truck?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a fire extinguisher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type is it? (Check all that apply)	<input type="checkbox"/> ABC <input type="checkbox"/> K
If using gas, who installed the gas lines?	
NOTE: MCHD recommends MOBILE FOOD UNIT meet the 2024 NC State Building Code addressing fire prevention requirements with a pending effective date. EHS provided guidance from Mecklenburg County Code Enforcement regarding the new fire code changes.	

4. **HOT HOLDING FOOD AND BEVERAGE EQUIPMENT:** steam table (Include # of wells), hot hold cabinet (specify full or single doors), heat lamp, coffee urn, Cambro unit. Cambro units may be used for transportation only, once on location, a plug in electric/gas steam table or hot hold unit shall be used to maintain food at least 135F.

5. **UTENSIL/WAREWASHING EQUIPMENT (PUSHCART IF APPLICABLE):**

Number of Compartments of Utensil Sink:	
Size of Compartments (Length x Width x Depth):	_____ x _____ x _____
Will utensils be washed during operating hours of the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of sanitization will be used?	<input type="checkbox"/> Quat <input type="checkbox"/> Chlorine
NOTE: Your largest utensil/pot/pan is required to fit in all the sink compartments. Drainboards for dirty and clean utensil areas are required. If the sink does not have a drainboard, please indicate and label where the dirty and clean areas are located on the drawing.	



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6. HAND WASH SINK

Is there at least 1 hand sink as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the manufacturer specification sheet for the hand sink submitted with the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: Custom-built sinks or using food pans may not be approved. Splash guards may be needed if there is not at least 12 inches of separation from food, work or storage areas.	

7. FRESH/POTABLE WATER TANK AND WATER PUMP (PUSHCART IF APPLICABLE)

Freshwater Tank Specification	
_____ (length) x _____ (width) x _____ (depth) inches x 0.0043 =	_____ gallons
Capacity _____ gallons (minimum tank size is 30 gallons)	
Freshwater Tank Construction Material:	

Additional Freshwater Tank Questions	
Do you have an approved drinking water hose to fill the freshwater tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How and where will approved drinking water hose be stored between uses?	
Is the product Specification Sheet for Water Pump attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an on-demand pump installed as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: At the time of permitting, you must be able to demonstrate the ability to fill the freshwater tank properly.	

8. WASTEWATER TANK (PUSHCART IF APPLICABLE)

Wastewater Tank Specification	
_____ (length) x _____ (width) x _____ (depth) inches x 0.0043 =	_____ gallons
Capacity _____ gallons (waste tank must be 15% larger than freshwater tank)	
Wastewater Tank Construction Material:	
Additional Wastewater Tank Questions	
Is the wastewater outlet connection lower than the water inlet to prevent possible contamination of the freshwater system as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the wastewater outlet connection a different size and type than the freshwater connection as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a valve to drain plumbing lines for winterization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: At time of permitting, you must be able to demonstrate discharge of wastewater properly.	

9. WATER HEATER (PUSHCART IF APPLICABLE)

Water Heater Type (Check one)	<input type="checkbox"/> Tankless <input type="checkbox"/> Storage Tank
Recovery Rate:	_____
Make:	_____
Model Number:	_____
If the water heater is a storage tank, what is the capacity?	Capacity _____ (gallons)



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10. FINISHES: MUST BE SMOOTH, NONABSORBANT, AND EASILY CLEANABLE (NOT APPLICABLE TO PUSHCARTS)

Floors:
Walls:
Ceiling:

11. ELECTRICAL:

Generator Information	
Generator Manufacturer:	
Generator Model:	
How will refrigeration be maintained during transit?	
NOTE: The generator shall be capable of powering all electrical items on the unit. A generator or power inverter is required to maintain constant power for refrigerators/freezers anytime food is transported.	

Additional Electrical Information	
Number of electrical outlets:	
Are all electrical lines protected/shielded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the lights shielded or shatterproof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the unit have an Air Conditioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. DRY STORAGE: Describe the number and location of shelving for

Single service items (paper products: plates, cups, etc.):
Food (bread, condiments, etc.):
Chemicals:
Employee Personal Items:

<u>Office Use Only</u>	
Reviewer Signature:	Date:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
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Mobile Food Units and Pushcarts: Menu Page

*This page must be completed. A separate menu may also be submitted. *

(*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED*)

Note: All produce must be washed at the Commissary, on the Unit or be purchased prewashed. Be sure to specify where (at Commissary or on unit) that the food will be thawed, cut/washed, assembled, cooked, cold/hot held, and reheated. Please use one row for each food item and include all beverages. If the chart is not sufficient, then make a copy to enter additional items.

of meals served per day: _____

Food	Food Supplier or Source	Thaw How? / Where?	Cut/Wash Assemble Where?	Cook How? / Where?	Cooling How? / Where?	Cold/Hot Holding How? / Where?	Reheating How? / Where?
Ex. Hamburger	Sam's Club	N/A	No advanced prep	Cooked on the grill	N/A	Hold in a crock pot with beef broth	N/A
Ex. Shrimp for tacos	Sam's Club	Thaw in WIC at the commissary	Season and place into the container for MFU	Cook on grill to order or hot hold	N/A	Hold hot at 135°F or above in a steam well	N/A
Ex. Fried rice	Costco	N/A	At Commissary	Cooked at the commissary in a rice cooker	Cool in thin sheet pans in the blast chiller at the commissary	Held at 41°F or below on MFU	Reheat to order on MFU

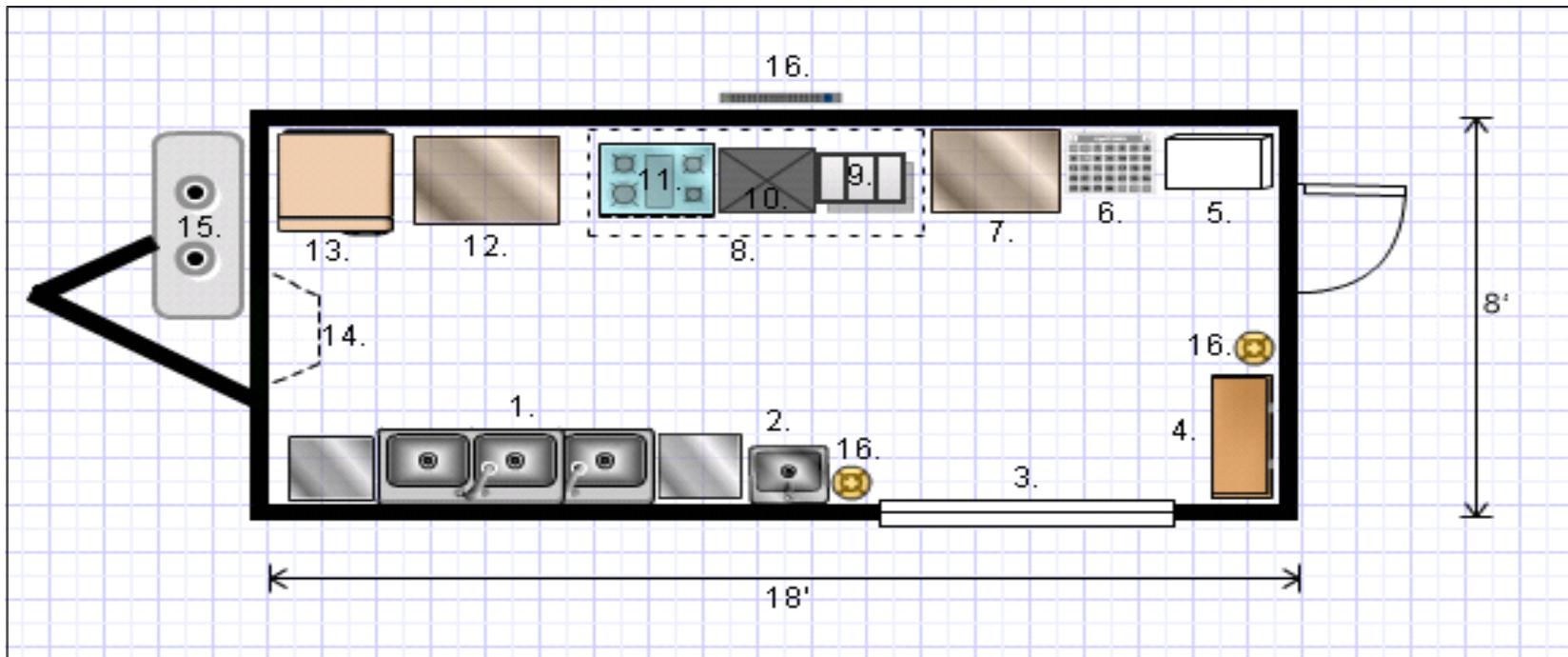


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Food	Food Supplier or Source	Thaw How? / Where?	Cut/Wash Assemble Where?	Cook How? / Where?	Cooling How? / Where?	Cold/Hot Holding How? / Where?	Reheating How? / Where?



MOBILE FOOD UNIT FLOOR PLAN EXAMPLE



- 1. Utensil washing sink
- 2. Hand sink
- 3. Serving window/counter
- 4. POS/Drink station
- 5. Microwave/toaster
- 6. Flip-top prep refrigerator
- 7. Stainless steel worktable
- 8. Hood System
- 9. Fryer
- 10. Griddle
- 11. Range
- 12. Reach-in refrigerator
- 13. Reach-in freezer
- 14. Fresh & waste water holding tanks
- 15. Propane tank & generator
- 16. Exhaust vents

Total Square Feet = 144
Fresh water = 30 gals
Waste water = 35 gals
Scale $\frac{1}{4}$ " = 1'



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Attach Floor Plan or Draw Floor Plan Here



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Commissary and Shared Use Risk Agreement Form for Food Service Operators

A Commissary is a permitted food service establishment that provides shared use kitchen facilities for mobile food units and pushcarts. This Commissary Agreement is part of the plan review approval process and Health Department approval is required for all shared-use kitchen permits.

Completed by the Food Service Operator

Select: Mobile Food Unit Pushcart Commissary Change Request

FOOD SERVICE OPERATOR INFORMATION

Name of Food Service:

Operator Name:

Operator Mailing Address:

Operator Email:

Operator Phone Number:

Operator Cell Phone:

Operator Signature:

Completed by the Permittee or Owner of the 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 privileges.

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

- Separate designated and labeled refrigeration, freezer and dry storage space.
 - A designated protected area for food and utensil storage.
 - Use of the utensil sink to wash utensils.
 - An accessible 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

PERMITTEE OR OWNER OF THE COMMISARY INFORMATION

Name of Commissary:

Commissary Address:

Commissary Email:

Commissary Phone Number:

****This agreement shall remain in effect as long as I am the commissary owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health Division of the Mecklenburg County Public Health Department in writing. I agree to notify both parties in writing should this approval be rescinded.**

Name of Commissary Owner/Manager:

Signature of Commissary Owner/Manager: _____ **Date:** _____



SHARED FACILITY RISK AGREEMENT

(to be filled out by both parties)

As a permit holder in a shared-use facility, you are subject to heightened risks in association with the other businesses in the facility. A shared-use facility requires a commitment to identify and prevent potential accidental and intentional contamination events.

Risk	Explanation
Ineffective Employee Health Policy	<p>Any individual present in areas of a food establishment where food and food-contact items are exposed must be aware of their responsibility to report any health and activities as they relate to diseases that are transmissible through food to the person in charge.</p> <p>Overlapping individual businesses creates an environment whereby all are affected by the health practices of the others. Since each permit holder may be affected by the others, steps must be taken to ensure that every individual associated with each permit in the shared space is on heightened awareness of the components of an approved Employee Health Policy and accepts the risk associated.</p>
Cross-contamination at shared equipment and food contact surfaces with physical, chemical, or biological hazards.	<p>Any individual present in areas of a food establishment where food and food-contact items are exposed presents a potential contamination risk (2017 FDA Food Code-Annex 3). The potential for contamination increases with the number of users and the variety of menu items and processes.</p> <p>Since each permit holder may be unaware of the types of activities that are practiced outside their range of control, steps must be taken to ensure that all equipment and food contact surfaces are cleaned and sanitized prior to use.</p>
Contamination of food products either by accidental or intentional means.	<p>The protection of food products from potential contamination sources is a key component of maintaining control and is required under 15A NCAC 18A .2608.</p> <p>Since activities outside your businesses range of control are practiced within shared-use facilities, permit holders must take effective means to secure their food products from accidental or intentional contamination events.</p>

I understand and acknowledge the Mecklenburg County Health Dept. representative has shared the potential risks that are unique to shared-use facilities as outlined above.

Name of Commissary Owner/Manager: _____

Signature of Commissary Owner/Manager: _____ Date: _____

Name of MFU/PC Applicant: _____

Signature of MFU/PC Applicant: _____ Date: _____