Please return completed application to your local Health Department. Be sure to return your plan review application well in advance of your anticipated opening date to allow for proper review by an environmental health specialist.

### Mobile Food Unit/Pushcart Plan Review

<table>
<thead>
<tr>
<th>Type of Permit Desired:</th>
<th>Mobile Food Unit ☐</th>
<th>Hot Dog Cart ☐</th>
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</table>

Mobile Food Unit/Pushcart Name: _________________________________

Owner: __________________ Phone: __________________ Alt Phone: __________________

Address: ________________________________________________________

Please indicate the days, times, and locations that your mobile food unit/pushcart will be operating within the Toe River Health District (Avery, Mitchell, and Yancey Counties):

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
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For administrative use only

Received by: ____________________ Date Received: ____________

Revised: 03/23/12
All mobile food units and hot dog carts must operate in conjunction with a permitted restaurant or commissary and shall report at least daily to the restaurant or commissary for supplies, cleaning, and servicing. What restaurant will you be operating with?

Restaurant Name: __________________________________
Address: _________________________________________
Phone: ___________________________________________
Responsible Party: ________________________________

THE LAST SHEET OF THIS LETTER IS AN AGREEMENT BETWEEN YOU AND THE OWNER OF THE RESTAURANT THAT YOU WILL OPERATE FROM. IT MUST BE FILLED OUT COMPLETELY AND RETURNED TO THE HEALTH DEPARTMENT BEFORE YOUR PERMIT WILL BE ISSUED.

Desired Opening Date for Mobile Food Unit: _____

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

1.  ☐ Meat
2.  ☐ Seafood
3.  ☐ Poultry
4.  ☐ Other (explain): _____

Where will you purchase the following Potentially Hazardous Foods?

Beef: ____________________________________________
Pork: ____________________________________________
Seafood: _________________________________________
Poultry: __________________________________________
Other (explain): __________________________________

Are the suppliers of these foods USDA approved?
☐ Yes  ☐ No

Please list the foods you plan on preparing/selling from your mobile food unit (use back of form, if needed):

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COLD STORAGE
Explain how you will keep your foods cold during operation (All refrigeration must be NSF/ANSI approved equipment)

HOLDING
How will hot potentially hazardous food (PHF) be maintained at 135°F (58°C) or above during holding for service? Indicate type and number of hot holding units.

How will cold potentially hazardous food (PHF) be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

List any food that will be held between 41°F (5°C) and 135°F (58°C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE:

DISPLAY:

SERVICE:

COOLING
Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 41°F (5°C) within 6 hours. If “Other” is checked indicate type of food: ____________________________

FOOD PREPARATION PROCEDURES
The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

1. PRODUCE PREPARATION PROCEDURE
   a. Will produce be washed, rinsed or otherwise handled prior to use? Yes □ No □
   b. Is there a location used for washing, rinsing or handling produce? Yes □ No □
   c. Will it be used for other operations? Yes □ No □
Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

2. **SEAFOOD PREPARATION PROCEDURE**
   a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes [ ] No [ ]
   b. Is there a location used for washing, rinsing or handling seafood? Yes [ ] No [ ]
   c. Will it be used for other operations? Yes [ ] No [ ]

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

3. **POULTRY PREPARATION PROCEDURE**
   a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes [ ] No [ ]
   b. Is there a location used for washing, rinsing or handling poultry? Yes [ ] No [ ]
   c. Will it be used for other operations? Yes [ ] No [ ]

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

4. **PORK and/or RED MEAT PREPARATION PROCEDURE**
   a. Will meat be washed, rinsed or otherwise handled prior to use? Yes [ ] No [ ]
   b. Is there a location used for washing, rinsing or handling pork and/or red meat? Yes [ ] No [ ]
   c. Will it be used for other operations? Yes [ ] No [ ]

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

**WATER SUPPLY- SEWAGE**
1. Where will you get the water that will be used in your unit? ______
2. How will you dispose of your wastewater? ______
3. Will ice: be made on premises [ ] or purchased [ ]
4. Water heater make and model (if applicable): _____
5. Water heater storage capacity (if applicable): ______ gallons
DISHWASHING FACILITIES

1. Number of sink compartments:
   Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
   Length of drainboards (inches):  Right: _____ Left: _____

2. What type of sanitizer will be used?
   Chlorine  Iodine  Quaternary Ammonium  Hot Water  Other (specify):

3. Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized?

   ______

4. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space

   ______

HANDWASHING

How and where will employees wash their hands?

GARBAGE AND REFUSE

How will you dispose of garbage?

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)

For administrative use only

Wastewater system at commissary acceptable?  □ Yes  □ No
Checked by: ___________________________ Date: ___________________________
Comments: ___________________________________________________________________

Proposed water supply acceptable?  □ Yes  □ No
Checked by: ___________________________ Date: ___________________________
Comments: ___________________________________________________________________

Permit issued?  □ Yes  □ No
Issued by: ___________________________ Date: ___________________________
Comments: ___________________________________________________________________
Mobile Food Unit Agreement

Date:____________________________

I, ____________________________, ______________________ of _______________________________
responsible person        owner/manager/etc                                          name of establishment

agree to allow the mobile food unit operated by __________________________ to operate from my
name of MFU owner/operator
establishment. I understand that this mobile food unit is required to return to my establishment after each day
of operation for supplies, cleaning, and servicing. I also understand that failure of the MFU to return to my
establishment after each day of operation may result in the revocation of the mobile food unit’s permit.

Further, I understand that servicing the unit may include any and all of the servicing requirements noted
below.

_____ USE OF THE RESTAURANT UTENSIL SINK(S) FOR WASHING OF MOBILE FOOD UNIT OR
PUSHCART UTENSILS

_____ PROVISION OF REFRIGERATED OR DRY STORAGE AREA FOR THE MOBILE FOOD UNIT
OR PUSHCART FOOD OR UTENSIL ITEMS

_____ PROVISION OF A SUITABLE, EXTERIOR, PROTECTED CONNECTION INTO THE POTABLE
WATER SUPPLY AS APPROVED BY THE ENVIRONMENTAL HEALTH SPECIALIST (Mobile
Food Unit Only)

_____ PROVISION OF A SUITABLE, EXTERIOR, MEANS OF DISPOSAL OF WASTEWATER AS
APPROVED BY THE ENVIRONMENTAL HEALTH SPECIALIST

Signature of responsible person from establishment: ______________________________________________

This agreement may be terminated at any time. Please contact your local Health Department if this
agreement is terminated.