



Lincoln County Environmental Health

115 W. Main Street
Lincolnton, NC 28092
PHONE: 704-736-8426
FAX: 704-736-8427



Push Cart Plan Review Application

Pushcart – a mobile piece of equipment or vehicle designed to vend food. Typically maneuvered by one person. Serves only hot dogs, pre-packaged drinks and pre-packaged foods.

Name of Unit: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Manager/Person in Charge: _____

Mailing Address for Unit or Cart: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Location of Commissary: _____

(If different from above)

Establishment is owned by: Association Corporation Individual

Partnership Other Legal Entity

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.

Check One: New Application Change of Commissary Change of Ownership

Projected Start Date: _____

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

- any deviation or variance from the information contained in this application may void the operation permit for the unit,
- multiple inspections of the unit may be required,
- if the unit is not in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600, the operation permit will not be issued or may be revoked, and
- approval of these plans and issuance of a permit does not relieve me of the obligation to comply with other applicable code, law, or regulation imposed by other jurisdictions

Signature: _____ Date: _____

(Applicant/Operator)

MISSION STATEMENT

The Lincoln County Health Department provides quality health services to promote a healthy community.

VISION STATEMENT

Lincoln County Health Department services will promote healthy lifestyles through prevention, preparedness, and education.

MINIMUM APPLICATION SUBMISSION REQUIREMENTS:

- Application fee: \$200.00
- Completed Push Cart application
- Scaled drawing showing positioning of equipment (and sinks)
- Manufacturer specification sheets for all equipment if cart is not NSF/ANSI Certified
- Complete and accurate menu (including all food, drinks and condiments)
- Completed Commissary Approval and Agreement form
- Completed water and sewage holding tank calculation sheet (if applicable)
- Proposed operation schedule including location, dates and times of operation

1. NSF/ANSI Certification. If pushcart is prefabricated, provide all information on data plate including:

- Make: _____
- Model Number: _____
- Specifications: _____
- Location and description of protected storage area for pushcart when not in use:

2. **OPERATION** – Check the days you plan to operate:

Sun ____ Mon ____ Tue ____ Wed ____ Thu ____ Fri ____ Sat ____

- **Provide Operational Schedule - List of proposed locations and times of operation on the form provided.**

3. **PROJECTED NUMBER OF MEALS:**

- List the projected number of meals you plan to serve for each meal each day:

Breakfast: ____ Lunch: ____ Dinner: ____

4. **FOOD PROTECTION MANAGER CERTIFICATION**

- Has the operator/PIC of the unit taken and passed an approved course within the last 5 years? Yes No

5. COLD STORAGE FACILITIES AVAILABLE AT COMMISSARY – Check all cold storage units that will be available for the storage of foods served from the push cart:

Type of Cold Storage	Number of units	Cubic Feet
1. Reach-in refrigerators		
2. Reach-in freezers		
3. Walk-in refrigerators		
4. Walk-in freezers		

6. EQUIPMENT

LIST ALL EQUIPMENT AND ATTACH MANUFACTURER SPECIFICATION SHEETS:

If specifications are provided for a NSF/ANSI approved Push Cart, list only additional equipment planned for use including storage coolers

Number:	Equipment Type:	Manufacturer:	Model:
<i>Example</i>			
1			
2			
3			
4			
5			
6			
7			
8			

7. OPERATION DETAILS

HOT AND COLD FOODS: List each menu item that will be held hot or cold during service. Describe how the product will be held hot or cold during service and held cold during transit:

Food Product: _____
 Held during service: hot above 135°F or cold below 41°F
 Describe how product will be held below 41°F during transit: _____

Food Product: _____
 Held during service: hot above 135°F or cold below 41°F
 Describe how product will be held below 41°F during transit: _____

Food Product: _____
Held during service: hot above 135°F or cold below 41°F
Describe how product will be held below 41°F during transit: _____

Food Product: _____
Held during service: hot above 135°F or cold below 41°F
Describe how product will be held below 41°F during transit: _____

Food Product: _____
Held during service: hot above 135°F or cold below 41°F
Describe how product will be held below 41°F during transit: _____

Food Product: _____
Held during service: hot above 135°F or cold below 41°F
Describe how product will be held below 41°F during transit: _____

Food Product: _____
Held during service: hot above 135°F or cold below 41°F
Describe how product will be held below 41°F during transit: _____

8. SECONDARY COVER FOR COOKING AREA? YES NO

Describe: _____

9. DRY STORAGE – Describe where the following will be stored:

- Single service items (paper products) _____

- Food (bread, condiments, chips, etc.) _____

- Chemicals (cleaners, sanitizers) _____

- Employee Personal Items _____

10. WATER USING FIXTURES

- Hand sink on unit? YES (complete 11-13) NO
 Utensil sink on Unit? YES (complete 11-13) NO

11. POTABLE WATER TANK AND WASTEWATER TANK

Water tank storage capacity: _____ gallons
 Wastewater storage capacity: _____ gallons

- At time of permitting, must be able to demonstrate ability to fill fresh water tank and empty wastewater tank properly.

12. UTENSIL WASHING EQUIPMENT ON PUSH CART

- Number of Compartments of Utensil sink: _____
- Size (Length x Width x Depth) _____ x _____ x _____ inches
- Will utensils be washed during operating hours of the unit? YES NO
- What type of Sanitization will be used? (check one) Chlorine QAC

13. WATER HEATER

- Check One: Tankless Storage Tank
- If Storage Tank type: Capacity _____ gallons
- Check One: Gas Electric
- Location: Outside Inside

Commissary Agreement Pushcart/Mobile Food Unit

*****Use of a commissary must be approved by the Environmental Health Department*****

Title 15A North Carolina Administrative Code 18A .2600 "Rules Governing the Sanitation of Food Service Establishments" specifies in section .2670(a) **A permit shall be issued by the regulatory authority that inspects the commissary from which a pushcart or mobile food unit is to operate, if the regulatory authority determines that the pushcart or mobile food unit complies with the rules of this section.**

To be completed by the pushcart/mobile food unit 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: Pushcart Mobile Food Unit

Name of Pushcart/Mobile Food Unit: _____

Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

(Operator of Mobile Food Unit/Pushcart)

To be completed by the permittee or owner of the permitted food service establishment located in Lincoln County:

As the permittee or operator of the permitted 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 or Pushcart, I must allow the Mobile Food Unit or Pushcart to return for servicing each day that it operates. I agree to allow the following (**please initial all that apply**):

Provide a designated protected area for food and utensil storage, including refrigeration/freezer and dry storage area. I will label those designated spaces for the unit's exclusive use.

Use of the food establishment's utensil sink to wash utensils used on the unit.

(If applicable) Provide an exterior wastewater collection system for disposal of wastewater. *

Establishments connected to a private onsite wastewater systems must obtain written approval for the additional wastewater disposal from the Lincoln County Onsite Wastewater Division of Environmental Health.

(If applicable) Provide a protected exterior connection to the potable water supply.

Name of Food Service Establishment serving as Commissary: _____

Address of Food Service Establishment: _____

Food Service Establishment Phone Number: _____

Email of owner/permittee: _____

Name of Owner/Permittee (Print): _____

Signature: _____ Date: _____