



Lincoln County Environmental Health

115 W. Main Street
Lincolnton, NC 28092

PHONE: 704-736-8426 FAX: 704-736-8427

EMAIL: foodtrucks@lincolncounty.org



MOBILE FOOD UNIT & PUSH CART OPERATION SCHEDULE & CONTACT INFORMATION

This form must be submitted to the **Lincoln County Environmental Health office** and to the **Food and Lodging Division of the Health Department** in **each county** in which food service operations are proposed. An updated operation schedule must be submitted before every date, hour and/or location change.

Mobile Food Cart Name: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Email: _____

Commissary Name: _____

Commissary Address: _____

Commissary Phone: _____

List all **operating locations** (including address), **operating dates** and **operating hours** below:

LOCATION NAME & ADDRESS:	DATE:	HOURS OF OPERATION:

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Your operation permit was issued by:

Agency/County Name: _____

Agency Address: _____

Agency Phone: _____

Agency Fax: _____

- Maintain the operation permit on the unit at all times. The grade card must be posted, visible to the public, at all times of operation.
- The Mobile Food Unit / Push Cart must be returned to the above listed commissary at the end of every day's operation to clean and service the unit, discard left over food, and service the waste water and fresh water storage tanks.
- This form must be submitted to Lincoln County, to the above listed permitting county and to all counties in which this unit is operated. This form must be resubmitted each time there is a location and/or schedule change and updated annually.
- Failure to provide an updated list of operating locations will result in suspension or revocation of the Mobile Food Unit / Push Cart permit.
- A copy of the *NC Rules Governing the Food Protection and Sanitation of Food Establishments* 15A NCAC 18A .2600 and the NC Food Code Manual can be found at: <http://www.deh.enr.state.nc.us/rules.htm>
- **After this form is submitted, you may continue to update this Department with location and schedule changes via email at foodtrucks@lincolncounty.org**

Print Name: _____

(Owner / Operator)

Signed: _____ Date: _____

(Owner / Operator)

Return this form to:

Lincoln Count Department of Environmental Health

115 W. Main St.

Lincolnton, NC 28092

Email: foodtrucks@lincolncounty.org

Fax: 704-736-8427