



Mecklenburg County
Health Department

COMMISSARY APPROVAL FOR OPERATION
OF A PUSH CART/MOBILE FOOD UNIT

Title 15A NCAC (North Carolina Administrative Code) 18A .2600 "Rules Governing The Food Protection And Sanitation Of Food Establishments" specifies in Section .2670 "General Requirements For Pushcarts and Mobile Food Units" that:

"(d) [Pushcarts and mobile food units] shall operate in conjunction with a permitted commissary and shall report at least daily to the commissary for supplies, cleaning, and servicing."

Title 15A NCAC 18A .2672 "Specific Requirements For Mobile Food Units" further states:

"(g) A servicing operations area must be established at a commissary for the mobile food unit. Potable water servicing equipment shall be installed, stored, and handled in a way that protects the water and equipment from contamination. The mobile food unit's sewage storage tank shall be thoroughly flushed and drained during servicing operation. All sewage shall be discharged to an approved sewage disposal system."

I _____, the _____ of _____ located at: _____

have read the regulations listed above and hereby authorize

doing business as _____ to operate a pushcart/mobile food unit in conjunction with my facility. I understand that applicable regulations require the unit to report daily to my commissary for supplies, cleaning and servicing, including replenishing any on-board water supply and disposal of all solid and liquid wastes. I agree to allow all supplies for the unit to be stored on my premises and understand that the Mecklenburg County Health Department does not permit supplies for such facilities to be stored in any private residence. I understand that any sanitation deficiencies resulting at my commissary, even if directly or indirectly related to the operation of the pushcart/mobile food unit, will be reflected in the sanitation grade of my commissary. This agreement shall remain in effect as long as I am the commissary owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health Division of the Mecklenburg County Health Department in writing. I agree to notify both parties in writing should this approval be rescinded.

Signature: _____ (Commissary Owner/Operator) _____ (Date)

Signature: _____ (Pushcart/Mobile Food Unit Operator) _____ (Date)