



Mobile Food Unit Plan Review Application

Apply for New or Transitional Mobile Food Unit or Push Cart Permit

Definitions ■ **Mobile Food Unit** a food establishment or push cart designed to be readily moved and vend food.

(See rule 15A NCAC 18A .2672 for minimum construction and design standards and specific requirements for permitted mobile food units). **Pushcart** means a mobile piece of equipment or vehicle used to vend food. Both are permitted to operate year round.

Commissary means a food establishment that services a mobile food unit or a pushcart.

Plan Review Process by Environmental Health ■ Upon completing the application; submitting plans and providing all required information, payment of the plan review fee must be submitted to this department before the review process can take place. Fee schedule can be reviewed by visiting the county website <http://www.maconnc.org>

More Info ■ For more information regarding rules governing the food protection and sanitation of food establishments refer to NC 2017 Food Code Manual or visit: <http://www.maconnc.org/environmental-food.html> or <https://ehs.ncpublichealth.com>

For more info/requirements for mobile food units see 15A NCAC 18A .2600 Rules or visit: <https://ehs.ncpublichealth.com/rules.htm>

For more information and guidance regarding safety inspections of Food Trucks, contact the NC Department of Agriculture and Consumer Services or visit: <https://www.ncmhtd.com/NCDACS/Standards/FoodTruck>

The following items must be provided before plan review can begin (check all included items below)

- Completed application
- Plans drawn to scale
- Menu
- Schedule including time and location of operation in Macon County and other locations
- Equipment spec sheets
- Letter from Town of Franklin/Highlands regarding waste water & grease disposal
- Completed & signed Commissary Agreement (see page 9 of this application)
- Appropriate Fee
- Written SOP, HACCP Plan or Variance Approvals (if required)

This application is valid for one year from date application is received by our office.

I _____ hereby sign that the above information is provided.
(Print Name)

Signature _____ Date _____
(Owner or Owner's Representative)



Mobile Food Unit Plan Review Application

Applying for (check one) New Permit Transitional Permit (Change of Owner) Change of Commissary/Service Area

Name of Unit _____

Name of Owner _____

Permittee (i.e. individual/LLC/Corporation, etc.) _____

Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

Manager / Person in charge _____

Phone _____ Email _____

Location of Commissary(ies) _____

Days/Hours of Operation: (Attach proposed time/location schedule)

M _____ T _____ W _____ TH _____ F _____ S _____ Su _____

Projected Start Date _____

Projected (approximate) Number of Meals Served: Breakfast _____ Lunch _____ Dinner _____

STATEMENT:

I _____ hereby certify that the information provided within this application is accurate.
(Print Name)

I understand that any deviation from the information provided without prior approval from the Macon County Environmental Health may nullify the approval.

Signature _____ Date _____
(Owner or Owner's Representative)

1. FOOD PROTECTION MANAGER CERTIFICATION & EMPLOYEE HEALTH

- Has the person in charge (PIC) of the mobile food unit successfully completed an ANSI approved food protection manager course within the last 5 years? YES NO
- An Employee Health Policy is required. An example policy can be found at <http://www.maconnc.org> and may be used if needed. Please discuss with this department if you have any questions.

2. FOOD SUPPLIES

- All food supplies shall come from an inspected and approved source.

List suppliers _____

- Will raw or undercooked animal food (beef, eggs, fish, lamb, pork, poultry or shellfish, etc.) be offered on the menu (i.e. raw fish, rare burger or eggs over easy, etc.)? YES NO

3. FOOD PROCESSES (check all that apply)

Cooking Cooling Reheating Thawing/Slacking Other (explain) _____

COOKING / REHEATING

- What type of food thermometer will be used: _____

*3-401 Minimum internal cooking temperature requirements (final cook temperatures) for *PHF/TCS food:	
Minimum Internal Temperature	Type of Food
135°F	Fruits, vegetables, grains (rice pasta), and Legumes (beans) that will be hot held for service
135°F	Commercially processed, pre-cooked food (i.e. cheese sticks, fully cooked chicken tenders) for hot holding
145°F for 4 minutes *(can vary, see 3-401.11)	Roasts of pork, beef, veal, lamb
145°F for 15 seconds	Seafood, fish, frog legs Steaks/Chops of pork, beef, veal or lamb Eggs that will be served immediately
155°F for 15 seconds	Ground meat (other than poultry) Injected meat Ground seafood (includes chopped or minced) Eggs that will be hot held for service
165°F for 15 seconds	Poultry (whole or ground) Stuffing with potentially hazardous/time control for safety food as ingredients Stuffed meat (includes stuffed seafood, poultry, or pasta dishes with previously cooked ingredients (reheats) for hot holding.
165°F for 15 seconds	Reheated food for hot holding

*3-401: See NC 2009 Food Code for more information. *PHF/TCS food: Potentially Hazardous Food / Time Control for Safety food

COOLING

- List all foods that are cooked and cooled prior to day of service or food prepared ahead of time (i.e. soups, salads, sauces) _____

❖ Please indicate below, by checking all cooling methods that will be used.

Cooling Process	Meat	Fish/Seafood	Poultry	Other
Shallow Pans				
Ice Bath / Paddle				
Rapid Chill / Blast Chiller				
Other(explain):				

***3-501.14 *PHF/TCS food shall be cooled as follows:**

- Cooked potentially hazardous food shall be cooled from 135°F to 41°F in a total of 6 hours as follows:
Within 2 hours from 135°F to 70°F ; and
Within a total of 6 hours from 135°F to 41°F or less.
- Ambient Temperature potentially hazardous food shall be cooled:
Within 4 hours to 41°F or less if prepared from ingredients at ambient temperature such as reconstituted foods & canned tuna.
- Potentially hazardous food received in compliance with laws allowing a temperature above 41°F during shipment from the supplier as specified in Rule: 3-202.11(B), shall be cooled within 4 hours to 41°F or less.
- Raw Eggs shall be received in refrigerated equipment that maintains an ambient air temperature of 45°F or less as specified under Rule:3-202.11(C) & immediately placed in refrigerated equipment that maintains an ambient air temperature 45°F or less.

*3-501.14: See NC 2009 Food Code for more information
*PHF/TCS food: Potentially Hazardous Food / Time Control for Safety food

THAWING / SLACKING

- Will any food be thawed? YES NO
If YES, list food items _____

- Will any food items be slacked? YES NO
If YES, list food items _____

❖ Please indicate by checking all thawing methods that will be used, in chart below.

Thawing Process	Meat	Fish/Seafood	Poultry	Other
Refrigeration				
Running water less than 70°F (21°C)				
Cooked Frozen				

Microwave				
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4. FOOD EQUIPMENT ■

❖ ATTACH MANUFACTURER’S SPECIFICATION SHEETS FOR ALL FOOD EQUIPMENT

COOKING EQUIPMENT

- List all cooking equipment:

COLD STORAGE EQUIPMENT

- How will refrigeration be maintained during transit? _____

❖ Provide total # of refrigerators/freezers on unit and total cubic feet

Type of Cold Storage	Number of Units	Cubic Feet
Reach in refrigerators		
Reach in freezers		
Other (explain)		

HOT HOLDING EQUIPMENT

- Will food be held hot (>135°F) YES NO

If YES, holding method used? _____

- How long held? _____
- List all hot holding equipment:

5. FOOD PREPARATION DETAILS ■

PRODUCE

- Will produce require washing prior to preparation? YES NO
If NO is selected, documentation (i.e. label or invoice) must be available upon request.
- Is there a location for washing and/or preparing produce? YES NO

Describe procedure and location _____

MEATS

- Will meats require washing prior to preparation? YES NO
- Is there a location for washing and/or preparing meats? YES NO

Describe procedure and location _____

POULTRY

- Will poultry require washing prior to preparation? YES NO
- Is there a location for washing and/or preparing seafood? YES NO

Describe procedure and location _____

SEAFOOD

- Will seafood require washing prior to preparation? YES NO
- Is there a location for washing and/or preparing seafood? YES NO

Describe procedure and location _____

DRY STORAGE

- Dry food storage? YES NO

Describe products and location _____

- Single service items (paper products / to-go boxes) storage? YES NO

Describe products and location _____

- Chemical storage? YES NO

Describe products and location _____

- Employee personal items storage? YES NO

Describe products and location _____

6. STORAGE TANKS ■

FRESH WATER TANK

- Size (inches): _____Length x _____Width x _____Depth
- Capacity of Fresh Water Tank _____gallons
- Construction Material _____
- Location of inlet to fill tank: _____
- How is the inlet covered or protected to prevent contamination _____
- Fresh water hose pipe used? YES NO
Describe equipment / Provide specs _____

❖ At time of permitting, be prepared to demonstrate ability to fill fresh water tank properly.

WASTE WATER TANK

- Size (inches): _____Length x _____Width x _____Depth
- Capacity of Waste Water Tank _____gallons
- Construction material _____
- Location of outlet to empty waste water tank _____
- Waste water dumping hose pipe used? YES NO
Describe equipment / Provide specs _____
- Waste water dumping hose pipe used? YES NO
Describe equipment / Provide specs _____

❖ WW tank must be 15% larger than Fresh Water Tank

❖ At time of permitting, be prepared to demonstrate discharge of waste water properly.

7. PLUMBING ■

WATER HEATER

- Storage type of tank (check one): STORAGE TANK TANKLESS
If STORAGE TANK type is selected: CAPACITY _____gallons
- Type (check one): GAS ELECTRIC
- Location (check one): INDOORS OUTDOORS

HANDWASHING SINKS

- Number of hand wash sinks _____ Water temperature at sink _____

- Location(s) _____

UTENSIL WASHING EQUIPMENT

- Number of compartments of utensil sink: _____

- Size (inches): _____ Length x _____ Width x _____ Depth
- Will utensils be washed during mobile food unit operation hours? YES NO
- What type of sanitization will be used? (check one) Chlorine QAC Hot Water Other _____

❖ Indicate # of fixtures; size & show (by checking one box) whether mobile unit fixtures have direct or indirect drains.

Fixture/Equipment	Quantity	Size (L x W x D)	Direct Drain	Indirect Drain
Utensil Wash Sink (3 compartment)				
Food Prep Sink (2 compartment)				
Food Prep Sink (1 compartment)				
Handwash Sink				
Dish Machine				
Utility Sink / Can Wash				
Garbage Grinder				
Ice Machine				
Ice Storage				
Steam Table				
Dipper Wells				
Refrigeration				
Washing Machine				
Other:				

8. FINISH SCHEDULE (Surfaces shall be smooth, nonabsorbent & easily cleanable)

Area	Finish Materials
Floors	
Walls	
Ceilings	
Garbage & Refuse Storage Area	
Ice Storage (Ice Machine) Area	
Other:	

9. GENERAL INFORMATION ■

- Will a generator be used to supply electrical power to the mobile food unit? YES NO
- Will propane/gas be used? YES NO
- How many light fixtures? _____ Are lights shielded? YES NO

- Is there a ventilation hood system installed? YES NO
- Will mops be used? YES NO If YES, where will mops be cleaned? _____

Macon County Public Health
Environmental Health Section



Macon County
Public Health

Mobile Food Unit Commissary/Service Area Agreement

Rules ▪ Title 15A North Carolina Administrative Code 18A .2600 “Rules Governing the Sanitization of Food

Service Establishments” specifies in section .2670(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. Water faucets used to supply water for pushcarts and mobile food units shall be protected to prevent contamination. Solid waste storage and liquid waste disposal facilities must be provided on the commissary premises. For more info see 15A NCAC 18A .2600 Rules or visit: <https://ehs.ncpublichealth.com/rules.htm>

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To be completed by the mobile food unit operator ▪

This agreement is for a (check one): **Mobile Food Unit** **Push Cart**

Total # of commissaries / servicing areas (separate agreement required for each) _____

Name of Mobile Food Unit / Pushcart _____

Name of Operator _____

Phone _____ Email _____

Mailing Address _____

To be completed by the permittee or owner of the commissary / servicing area ▪

This agreement is for a (check one): **Commissary** **Service Area**

Commissary management will provide the following:	Service Area management will provide the following:
<input type="checkbox"/> A designated protected area for food and utensil storage, including refrigeration/freezer and dry storage area. <input type="checkbox"/> Labeled and designated storage spaces for the unit’s exclusive use. <input type="checkbox"/> An exterior wastewater collection system for disposal of wastewater. <input type="checkbox"/> A protected connection to the potable water supply. <input type="checkbox"/> Commissary access for the MFU/PC necessary to maintain rule compliance. <input type="checkbox"/> Other (explain)	<input type="checkbox"/> An exterior wastewater collection system for disposal of wastewater. <input type="checkbox"/> A protected connection to the potable water supply. <input type="checkbox"/> Commissary access for the MFU/PC necessary to maintain rule compliance. <input type="checkbox"/> Other (explain)

As the permittee or operator of the Food Service Establishment (i.e. Restaurant) noted below, I agree to serve as a commissary or servicing area for the Mobile Food Unit or Pushcart named above. I understand that as a commissary/servicing area, for the Mobile Food Unit or Pushcart, I must allow access for the Mobile Food Unit or Pushcart to return for servicing on a daily basis.

Name of Commissary/Service Area _____

Commissary/Service Area Owner Name _____

Phone _____ Email _____

Mailing Address _____

Signature _____ Date _____

(Commissary/Service Area Owner)

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Accredited by the NC Local Health Department Accreditation Board