



Buncombe County Environmental Health

30 Valley Street
Asheville, NC 28801
Phone (828) 250-5016
Fax (828) 250-6161

Application for a Mobile Food Unit or Pushcart Permit

Name of Unit or Cart: _____ Vehicle Tag: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Manager/Person in Charge: _____

Email Address: _____ Phone: _____

Unit or cart is owned by: LLC Corporation Individual Other

Ownership Name: _____

Type of Permit: Mobile Food Unit Pushcart Projected Start Date: _____

Check One: New Construction Existing Mobile Food Unit

COMMISSARY INFORMATION: Note - Private residences cannot be used for commissary purposes. All units, when operating, must report daily to a food establishment or commissary approved by this department for supplies, cleaning, and servicing. The food establishment or commissary must include adequate **secure (ex. locked), assigned and labeled** storage for food and clean utensils. If the food establishment or commissary cannot support these requirements, an operational permit will not be issued.

Name of proposed Commissary: _____

Commissary address: _____

City: _____ State: _____ Zip Code: _____

APPLICATION SUBMISSION REQUIREMENTS: (1) Proposed Menu (2) Scaled drawing of Unit (3) Manufacturer's specification sheets for all proposed food service equipment (4) Commissary approval form (5) Proposed Operational Schedule (locations, times and days of the week)

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

- Buncombe County Environmental Health does not issue verbal approvals regarding construction, design, or permitting mobile food units and pushcarts.
- A non-refundable fee of \$175.00 will be assessed to the applicant/operator and shall be paid with the submission of the application.
- Mobile food units and pushcarts not in compliance with Rules Governing the Food Protection and Sanitation of Food Service Establishments 15A NCAC 18A .2600 will not receive an operating permit.
- Approval of this application or issuance of a permit does not relieve me of the obligation to comply with other applicable codes, laws, or regulations imposed by other jurisdictions.

Signature: _____ Date: _____

(Applicant/Operator)

List all food service equipment and attach copies of manufacturer specifications for:

1. **COLD STORAGE EQUIPMENT** - Provide total number of refrigerators and freezers on unit and total cubic-foot to keep food 41F or below. **At least 2 refrigerators are required:** one to work out of and one for storage. (Beverages, cans/bottles, may be stored in coolers and only Pushcarts may use approved coolers with ice for food)

2. **COOKING EQUIPMENT** – Flat top grill, fryer, oven, convection/microwave, panini press, toaster

3. **FIRE SUPPRESSION:**

Is there a ventilation hood system installed? YES NO

If yes, is there a continuous flue with exhaust fan to the exterior of the truck? YES NO

Is there a fire extinguisher? YES NO

If yes, what type is it? (Check all that apply) ABC K

If using gas, who installed the gas lines? _____

Note: An approved ventilation hood system with removable filters and exhaust fan is required over all fryers, flat top grills and cooking equipment to prevent grease build up. As a safety provision we recommend an LP-gas piping inspection be completed by NC Dept of Agriculture before a permit is issued. It is recommended that all gas line piping be installed underneath the floor to cooking equipment. See website <https://www.ncmhtd.com/NCDACS/Standards/FoodTruck>

4. **HOT HOLDING FOOD AND BEVERAGE EQUIPMENT** – steam table (Include # of wells), hot hold cabinet (specify: full or single doors), heat lamp, coffee urn, cambro unit. Cambro units may be used for transportation only, once on location, a plug in electric/gas steam table or hot hold unit shall be used to maintain food at least 135F.

5. **UTENSIL/WAREWASHING EQUIPMENT (PUSH CART IF APPLICABLE):**

Number of Compartments of Utensil sink: _____

Size of compartment (Length x Width x Depth) _____ x _____ x _____ inches

NOTE: Your largest utensil/pot/pan is required to fit in all the sink compartments.

Will utensils be washed during operating hours of the unit? YES NO

What type of Sanitization will be used? (check one) Chlorine Quat

NOTE: Drainboards for dirty and clean utensil areas are required. If the sink does not have drainboards, please indicate and label where the dirty and clean areas are located on the drawing.

6. **HAND WASH SINK**

At least 1 hand sink is required: submit a manufacturer specification sheet for the hand sink.

NOTE: Custom- built sinks may not be approved and built sinks using food pans will not be approved. Splash guards may be needed If there is not at least 12 inches of separation from food, work or storage areas.

7. FRESH/POTABLE WATER TANK AND WATER PUMP (PUSH CART IF APPLICABLE)

Size (Length x Width x Depth) of Fresh Water Tank:

_____ x _____ x _____ inches x 0.0043 = gallons

Capacity _____ gallons (minimum tank size is 30 gallons)

Construction Material: _____

Do you have an approved drinking water hose to fill fresh water tank? YES NO

How and where will approved drinking water hose be stored between uses?

Attached Product Specification Sheet for Water Pump. On demand pump is required.

At time of permitting, you must be able to demonstrate ability to fill fresh water tank properly.

8. WASTE WATER TANK (PUSH CART IF APPLICABLE)

Size (Length x Width x Depth) of Waste Water Tank:

_____ x _____ x _____ inches x 0.0043 = _____ gallons

Capacity _____ gallons (Waste tank must be 15% larger than fresh water tank)

Construction Material: _____

Is the waste water outlet connection lower than the water inlet to prevent possible contamination of the fresh water system? Yes _____ No _____

The waste water outlet connection shall be a different size and type than the fresh water connection.

Is there a valve to drain plumbing lines for winterization? YES NO

At time of permitting, you must be able to demonstrate discharge of waste water properly.

9. WATER HEATER (PUSH CART IF APPLICABLE)

Check One: Tankless Storage Tank

If Storage Tank type: Capacity _____ (gallons)

Recovery Rate: _____

Make: _____

Model Number: _____

10. FINISHES - MUST BE SMOOTH, NONABSORBENT AND EASILY CLEANABLE (NOT APPLICABLE TO PUSH CARTS)

Floors _____

Walls: _____

Ceiling: _____

11. ELECTRICAL

Generator Manufacturer: _____

Generator Model: _____

NOTE: The generator shall be capable of powering all electrical items on the unit. See the wattage work sheet to help in sizing the generator. A generator or power inverter is required to maintain constant power to the refrigerators/freezers anytime food is transported.

How will refrigeration be maintained during transit? _____

Number of electrical outlets: _____

Are all electrical lines protected/shielded? YES NO

Are the lights shielded or shatterproof? YES NO

Does the unit have an Air Conditioner? YES NO

12. DRY STORAGE – Describe the number and location of shelving for:

Single service items (paper products: plates, cups, etc.): _____

Food (Bread, condiments, etc.): _____

Chemicals: _____

Employee Personal Items: _____



Mobile Food Units and Pushcarts: Menu Page

This page must be completed. A separate menu may also be submitted.

*All produce must be washed at the Commissary, on the Unit or be purchased prewashed. **Be sure to specify where (at Commissary or on unit) that the food will be thawed, cut/wash, assembled, cooked, cold/hot held, and reheated.** Please use one row for each food item and include all beverages. If chart is not sufficient then make copy to enter additional items.*

(*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED*)

Food (Example)	Food Supplier or Source	Thaw How? <u>Where?</u>	Cut/Wash Assemble <u>Where?</u>	Cook How? <u>Where?</u>	Will item be cooled down? <u>How?</u>	Cold/Hot Holding How? <u>Where?</u>	How will food be reheated? <u>Where?</u>
Hamburgers	ABC Meat Market	No thawing	No advance prep	Cooked on grill.	No	Hold in with beef broth	No
Prepackaged condiments	Any Town Market	N/A	N/A	N/A	N/A	N/A	N/A

Menu (cont'd)

Food	Food Supplier or Source	Thaw How? <u>Where?</u>	Cut/Wash Assemble <u>Where?</u>	Cook How? <u>Where?</u>	Will item be cooled down? <u>How?</u>	Cold/Hot Holding How? <u>Where?</u>	Will item be cooled down? <u>How?</u>

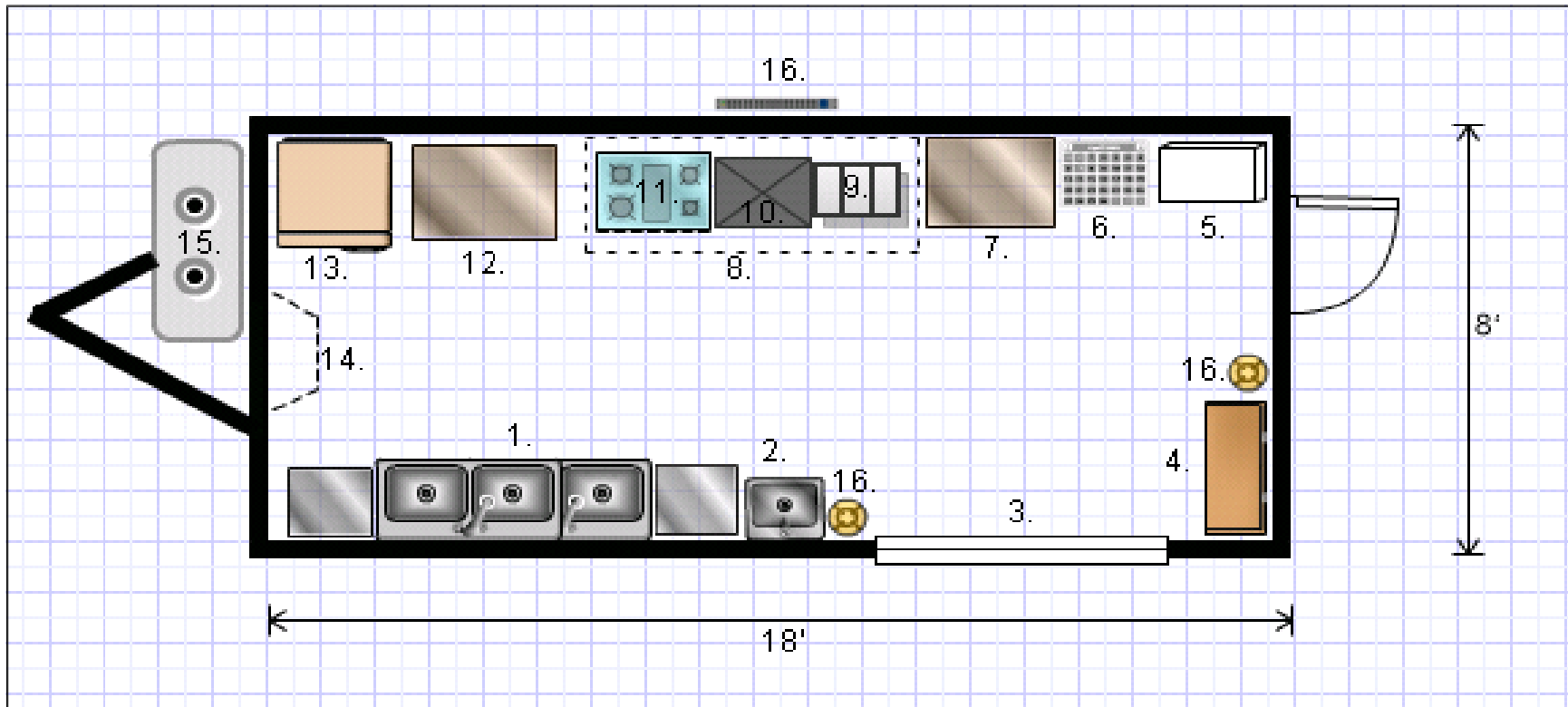
Menu (cont'd)

Food	Food Supplier or Source	Thaw How? <u>Where?</u>	Cut/Wash Assemble <u>Where?</u>	Cook How? <u>Where?</u>	Will item be cooled down? <u>How?</u>	Cold/Hot Holding How? <u>Where?</u>	Will item be cooled down? <u>How?</u>



Buncombe County Environmental Health

MOBILE UNIT FLOOR PLAN EXAMPLE



- | | |
|-------------------------------|---------------------------------------|
| 1. Utensil washing sink | 10. Griddle |
| 2. Hand sink | 11. Range |
| 3. Serving window/counter | 12. Reach-in refrigerator |
| 4. POS/Drink station | 13. Reach-in freezer |
| 5. Microwave/toaster | 14. Fresh & waste water holding tanks |
| 6. Flip-top prep refrigerator | 15. Propane tank & generator |
| 7. Stainless steel work table | 16. Exhaust vents |
| 8. Hood System | |
| 9. Fryer | |

Total Square Feet = 144
 Fresh water = 30 gals
 Waste water = 35 gals
 Scale ¼" = 1'



Buncombe County Environmental Health

COMMISSARY AGREEMENT FOR FOOD SERVICE OPERATORS

A Commissary is a permitted food service establishment that provides shared use kitchen facilities for mobile food units and pushcarts. This Commissary Agreement is part of the plan review approval process and Health Department approval is required for all shared-use kitchen permits.

Completed by the Food Service Operator:

Select: Mobile Food Unit Pushcart Commissary Change Request

Name of Food Service: _____

Operator Name: _____

Operator Signature: _____

Mailing Address: _____

Email: _____

Phone Number: _____ Cell Phone: _____

Completed by the Permittee or Owner of the Commissary:

The management of the Commissary facility noted below, agrees to provide the Commissary for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the commissary privileges.

Management understands and agrees to provide the following as needed for each approval:

- Separate, secure, designated and labeled refrigeration, freezer and dry storage space.
- A designated protected area for food and utensil storage.
- Use of the utensil sink to wash utensils.
- An accessible wastewater collection system for disposal of wastewater.
- A protected connection to the potable water supply.
- A mechanism to track commissary usage, sign-in, digital tracking, etc.
- Commissary access as needed for the operator to maintain rule compliance.

Name of Commissary: _____

Commissary Address: _____

Commissary Phone Number: _____ Email: _____

**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 Buncombe County Environmental Health Department in writing. I agree to notify both parties in writing should this approval be rescinded

Name of Commissary Manager: _____

Signature of Commissary Manager: _____ Date: _____

30 Valley Street, Asheville, NC • 28801 • (828) 250-5016 • Fax (828) 250-6161
Last Modified:5/16/23



Buncombe County Environmental Health Mobile Food Unit/Pushcart Route Update Form

Name of Cart: _____ Unit No.: _____

Owner's Name (may be a corporation, partnership, or individual): _____

Commissary/Base Restaurant Name: _____

Commissary/Base Restaurant Address: _____

Commissary/Base Restaurant City, State, and Zip: _____

Contact Person (individual): _____

Contact's Mailing Address: _____

Contact's City, State, and Zip: _____

Contact's Phone: _____ Email: _____

Type of Facility: Mobile Food Unit Pushcart

Requirements for pushcarts and mobile food units found in 15A NCAC 18A .2600 "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments stipulate in part that:

- The permit issued for operation of the pushcart or mobile food unit shall be posted on the unit.
- The local health department which issues the permit for a pushcart or mobile food unit shall be provided by the permit holder a list of counties and locations where each unit will operate.
- If operating outside of the permitted county, the permit holder shall provide the local health department in each county in which food service operations are proposed, a list of locations where they will operate. Such lists must be kept current.
- Prior to initiating food service operations in a particular jurisdiction, the operator of the pushcart or mobile food unit shall submit to that particular jurisdiction such carts or units for inspection or reinspections to determine compliance with the rules.
- Pushcarts or mobile food units shall 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.

Failure to follow the above regulations can result in your permit being suspended.

Vending Route (Specific days, times, and locations of operation):

(i.e. Saturdays – 10am-3pm – parking lot-30 Valley Street, Asheville)

Time of reporting back to commissary: _____

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____ Title: _____



Buncombe County Environmental Health

WATTAGE WORKSHEET

This work sheet is to assist the operator in calculating a minimum generator size to run all electrical tools or appliances when not connected to electrical power via a plug. Multiply the amps times the volts for each electrical tool and appliance to get the watts. Add all the watts together to get the size of the generator needed. These should include lights and the water heater. To ensure the generator will power everything on the Mobile Food Unit, turn everything on while unit is connected to the generator.

	TOOLS OR APPLIANCE	AMPs	(x)	VOLTs	=	WATTs
1			(x)		=	
2			(x)		=	
3			(x)		=	
4			(x)		=	
5			(x)		=	
6			(x)		=	
7			(x)		=	
8			(x)		=	
TOTAL						