



HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Lena H. Jones, MPA • Health Director

Parcel Id #: _____

Permit #: _____

Mobile Food Unit Plan Review Application

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: _____

*Name of Proposed Commissary/Shared-use kitchen _____

Location of Commissary/Shared-use kitchen _____

(If different from above)

**The proposed commissary or shared-use kitchen MUST be approved by this Department. Approval from Dept. of Public Utilities, menu, categories of foods served, operation procedures, type of wastewater generated and other factors are used to determine approval. Most existing food establishments are not designed to share space with additional food establishments and may not be approved as a shared-use kitchen.*

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 Operation Start Date: _____



o. 704.736.8426



f. 704.736.4553



lincolncounty.org



115 West Main St. | Lincolnton, NC 28092

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

Print Name: _____

(Applicant/Operator)

Signature: _____ Date: _____

MINIMUM APPLICATION SUBMISSION REQUIREMENTS:

- ☐ Application fee: \$200.00
- ☐ Completed mobile food unit application
- ☐ Scaled drawing showing positioning of equipment and sinks on mobile food unit.
Plans by Professional Design Engineer or drawn on grid/scaled paper ONLY! Freehand on non-graph paper is not accepted!
<https://www.waterproofpaper.com/graph-paper/grid-paper.shtml>
- ☐ Manufacturer specification sheets for all equipment
- ☐ Complete and accurate menu (including all food, drinks and condiments)
- ☐ Completed Commissary Approval and Agreement form
- ☐ Completed water and sewage holding tank calculation sheet
- ☐ Standard Operating Procedure (SOP) for cleaning, sanitizing and protecting water supply spigot at Commissary.
- ☐ Proposed operation schedule including location, dates and times of operation
- ☐ NCDA LP Gas Inspection Form. Contact NCDA Standards Division at 919-707-3225 or online at www.ncagr.gov/standard/ : click on LP-Gas Section on the right then click on the link: find information about Food Truck Inspections. (*will not prevent permitting*)

1. OPERATION – Check the days you plan to operate:

Sun Mon Tue Wed Thu Fri Sat

2. PROJECTED NUMBER OF MEALS:

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

Breakfast: _____ Lunch: _____ Dinner: _____

3. FOOD PROTECTION MANAGER CERTIFICATION

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

4. SPECIALIZED PROCESSES – Indicate any that will take place:

- ☐ Curing ☐ Acidification (sushi, etc.) ☐ Reduced Oxygen Packaging (eg: Vacuum)
- ☐ Smoking ☐ Sprouting Beans ☐ Other

- 5. COLD STORAGE FACILITIES** - Provide total number of refrigerators and freezers on unit and total cubic feet:

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:

Food Equipment Layout and Manufacturer Specification Sheets must be labeled on the plan with the corresponding number from this list

Number:	Equipment Type:	Manufacturer:	Model:
<i>Example</i>	<i>2-Door Refrigerator</i>	<i>True</i>	<i>TR-321</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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15			
16			
17			
18			

- **DESCRIBE HOW EQUIPMENT WILL BE SECURED TO PREVENT IT FROM SHIFTING DURING TRANSPORT:**

7. OPERATION DETAILS

PRODUCE

Will produce require washing prior to preparation? Yes ☐ No ☐

- **If no is selected, documentation of “ready-to-eat” state will be required.**
- Is there an approved location for washing and/or preparing produce? Yes ☐ No ☐
- Describe your procedure and location: on unit ☐ commissary ☐

MEATS

- Will meats require washing, grinding, hand-patty prior to preparation? Yes ☐ No ☐
- Is there an approved location used for washing and/or preparing meats? Yes ☐ No ☐
- Describe your procedure and location: on unit ☐ commissary ☐

SEAFOOD

- Will fish and/or seafood (including shrimp, scallops & oysters) require washing prior to preparation? Yes ☐ No ☐
- Is there an approved location used for washing and/or preparing seafood? Yes ☐ No ☐
- Describe your procedure and location: on unit ☐ commissary ☐

POULTRY

- Will poultry require washing prior to preparation? Yes ☐ No ☐
- Is there an approved location used for washing and/or preparing poultry? Yes ☐ No ☐
- Describe your procedure and location: on unit ☐ commissary ☐

SEPARATE SUPPLEMENTAL COOKING ROOM with (BBQ COOKER) WITH EQUIPMENT DOORS THAT OPEN TO THE OUTSIDE? Yes ☐ No ☐

If yes, see the *Rules Governing the Food Protection and Sanitation of Food Establishments* 15A NCAC 18A .2664 for construction standards.

<https://ehs.dph.ncdhhs.gov/docs/rules/Sanitation-of-FoodEstablishments-15ANCAC18A-2600.pdf>

WILL FOOD BE HELD

- Hot (>135° F) Yes ☐ No ☐
- If yes, Holding method used: _____ How long held? _____
- Cold (<41° F) Yes ☐ No ☐
- If yes, Holding method used: _____ How long held? _____
- How will refrigeration be maintained during transit?

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

- Single service items (paper products such as plates and cups) _____

- Food (Bread, condiments, etc.) _____

- Chemicals _____

- Employee Personal Items _____

9. *COOLING

- Will foods be cooled on the Mobile Food Unit (including cut fruit, cooked vegetables and cooked meats)? Yes ☐ No ☐
- Will foods be cooled at the Commissary (including cut fruit, cooked vegetables and cooked meats)? Yes ☐ No ☐

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (5°C) within 6 hours. If "Other" is checked indicate type of food:

*Be advised that cooling foods may be prohibited based on the equipment available on the Mobile Food Unit

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

10. WASTE WATER TANK

- **NOTE:** Must be at least 15% larger than fresh water tank
- permanently mounted
- sloped to a drain that is 1 inch in diameter or greater, equipped with a shut-off valve
- connections for servicing the tank shall be of a different size or type than the water inlet and located lower than the water inlet connection.
- Size (Length x Width x Depth)
of Waste Water Tank: _____ x _____ x _____ inches
- Capacity _____ gallons
- Construction Material: _____
- Location of outlet to empty waste water tank: _____
- Is there an *appropriate service area located at the commissary for discharging wastewater?
YES ☐ NO ☐

*(Appropriate service areas are capable of containing wastewater and drain to sanitary sewer. The service area may be located outside the facility, away from food, utensils and food storage and service areas where hoses and wastewater discharge will not cross over or come in contact with areas where food and drink are stored or handled).

- **At time of permitting, must be able to demonstrate discharge of waste water properly.**
- Is there a valve to drain plumbing lines for winterization? YES ☐ NO ☐

11. FRESH WATER TANK

- **NOTE:** The water inlet must be located so that it will not be contaminated by waste discharge, road dust, oil, or grease and shall be capped when not being filled
- Construction of the potable water storage tank and appurtenances shall comply with NC Food Code 5-301.11 – 5-304.14.

- Size (Length x Width x Depth) of Fresh Water Tank:
_____ x _____ x _____ inches
- Capacity _____ gallons
- Construction Material: _____
- Location of Inlet to fill tank: _____
- How is the Inlet covered or protected to prevent contamination: _____

- How will the Fresh Water Tank be refilled: _____

- **Attached Product Specification Sheet for Water Pump.**
- 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?

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

12. WATER HEATER

- Check One: Tankless ☐ Storage Tank ☐
- If Storage Tank type: Capacity _____ gallons
- Check One: Gas ☐ Electric ☐
- Location: Outside ☐ Inside ☐
- Recovery Rate: _____
- Make: _____
- Model Number: _____

12. NUMBER OF HAND WASH SINKS: _____

- Water Temperature at sink? _____

13. UTENSIL WASHING EQUIPMENT

- Number of Compartments of Utensil sink: _____
- Compartment 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 ☐ 180°F ☐
- Water Temperature at sink? _____

14. FINISHES - MUST BE SMOOTH, NONABSORBENT AND EASILY CLEANABLE

- Floors _____
- Walls: _____
- Ceiling: _____

- Doors, Windows and Serving Windows Screened? _____

15. AMBIENT AIR TEMPERATURE CONTROL

- Is there an Air Conditioner/Heater? YES ☐ NO ☐
- **If yes, attach Product Specification Sheet.**

16. ELECTRICAL

- Generator Manufacturer: _____
- Generator Model: _____
- Electrical Panel present? YES ☐ NO ☐
- Electrical Package _____ Amps
- Number of electrical outlets _____
- Are all electrical lines protected/shielded? YES ☐ NO ☐
- Number of Lights and Type _____
- Are the lights shielded? YES ☐ NO ☐

17. FIRE SUPPRESSION

- Is there a ventilation hood system installed? YES ☐ NO ☐
- Is the ventilation hood NSF listed or designed for commercial use and installed in accordance with manufacturer's instructions? YES ☐ NO ☐
- If yes, is there a continuous flue 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? _____