



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: \_\_\_\_\_

**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/](http://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:
Example	2-Door Refrigerator	True	TR-321
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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? \_\_\_\_\_