



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

Parcel Id #: \_\_\_\_\_

Permit #: \_\_\_\_\_

## Commissary / Shared-Use Kitchen Agreement Base of Operation for Pushcart & Mobile Food Unit

**\*\*\* Use of a commissary/shared-use kitchen must be approved by the Environmental Health Department\*\*\***

*The Rules Governing the Protection and Sanitation of Food Establishments 15A NCAC 18A .2600 specifies in section .2670(1) A permit shall be issued by the regulatory authority that inspects the commissary from which a pushcart or mobile food unit is to operate, if the regulatory authority determines that the pushcart or mobile food unit complies with the rules of this Section. (this means the MFU or Pushcart operating in conjunction with the food establishment named in this agreement, must obtain a permit issued by this Department)*

**To be completed by the permittee/owner of the Lincoln County, NC permitted food establishment responsible for the agreement to serve as the commissary or base of operation for the Push Cart or Mobile Food Unit:**

**Check the box that applies to the food establishment:**

☐ **SHARED-USE KITCHEN** - existing restaurant with sufficient storage space, equipment and utility connections to allow preparation and storage of foods used by the mobile food unit or pushcart

☐ **COMMISSARY** – food establishment permitted to be used as a commissary for catering, mobile food units or pushcarts. Not permitted for the preparation and sale of foods directly to customers from the establishment

**Name of Food Establishment serving as Commissary / Shared-use kitchen:**

\_\_\_\_\_

**Address of Food Establishment:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Name of Owner/Permittee (Print):** \_\_\_\_\_

As the permittee or operator of the permitted food establishment above, I agree to all the following:  
check each box

☐ To serve as the base of operations for the Mobile Food Unit or Pushcart named below.

☐ I must allow the Mobile Food Unit or Pushcart to return to my establishment for servicing each day

that it operates.

- ☐ Provide an exterior connection to the potable water supply.
- ☐ Ensure the water connection is maintained covered and protected at all times.
- ☐ Provide an exterior wastewater collection system for disposal of wastewater.

**\* Establishments connected to a private onsite wastewater system must obtain written approval for the additional wastewater disposal from the Lincoln County Onsite Wastewater Division of Environmental Health. \*Establishments connected to Public Utilities may require grease traps and approval from the Lincoln County Department of Public Utilities before additional wastewater may be disposed at the establishment.**

- ☐ Provide a designated protected area for food and utensil storage, including refrigeration, freezer space and dry storage area.
- ☐ Label those designated spaces for the unit's exclusive use.
- ☐ Allow use of the food establishment's utensil sink and/or automatic warewashing machine to wash utensils used on the unit.
- ☐ Allow use of the establishment's kitchen space as needed by the unit owner.
- ☐ Allow use of the establishment's dumpster to dispose of solid waste from the unit.
- ☐ Allow use of the establishments grease waste storage receptacle to dispose of grease used on the mobile food unit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>To be completed by the mobile food unit or pushcart owner:</b>
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Check one: ☐ Pushcart ☐ Mobile Food Unit

Check one: ☐ New Application/New Commissary ☐ Change of Commissary

**Name of Pushcart/Mobile Food Unit:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I agree to operate my mobile food unit/pushcart in conjunction with the commissary listed above. I understand that my mobile food unit/pushcart must report to the commissary at least daily on days of operation for servicing. I understand that no food preparation or storage may occur at a home or any other location.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_