



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

Parcel Id #: _____

Permit #: _____

**MOBILE FOOD UNIT / PUSH CART
OPERATION SCHEDULE & CONTACT INFORMATION**

- This form must be submitted to the **Lincoln County Environmental Health office BEFORE** commencing initial operation in this county as required by your permit conditions
- **After this form is submitted, you may send location and schedule updates to foodtrucks@lincolncountync.gov**
- Failure to provide operating locations and updates may result in suspension or revocation of the Mobile Food Unit / Push Cart permit

Name of Mobile Food Unit/Push Cart: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____ **Email:** _____

Name of Commissary/Shared-use Kitchen: _____

Address: _____

Phone: _____ **Contact email:** _____

List all operating locations (including address), operating dates and operating hours below:

LOCATION NAME & ADDRESS:	DATE:	HOURS OF OPERATION:

What County/Agency issued your Operation Permit?

Agency/County Name: _____

Agency Address: _____

Agency Phone: _____

Contact Email: _____

Requirements:

- Maintain the operation permit on the unit at all times.
- The grade card must be posted, visible to the public, at all times of operation.
- Maintain SOPs (if applicable) and inspection records on the unit at all times.
- The Mobile Food Unit / Push Cart must be returned to the above listed commissary or service center at the end of every day's operation to clean and service the unit, discard left over food, and service the waste water and fresh water storage tanks.
- A unit that is not moved from the operating location at least daily will risk suspension or revocation of your permit and will be required to vacate the premises.
- DO NOT set up tables for customer seating.
- DO NOT operate without water, power or gas (as needed to operate equipment).
- A copy of the *NC Rules Governing the Food Protection and Sanitation of Food Establishments 15A NCAC 18A .2600* and the NC Food Code Manual can be found at:
<https://ehs.dph.ncdhhs.gov/rules.htm>

Print Name: _____
(Owner / Operator)

Signed: _____ Date: _____
(Owner / Operator)

Return this form to: **Lincoln Count Department of Environmental Health**
115 W. Main St.
Lincolnton, NC 28092
Email: foodtrucks@lincolncountync.gov