



**Stanly County Health Department
Environmental Health Division**

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Director

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MOBILE FOOD UNIT / PUSH CART PLAN REVIEW APPLICATION

YOU MUST SUBMIT THE FOLLOWING ALONG WITH THIS APPLICATION:

- _____ A drawn-to-scale layout of the MFU/Pushcart showing the location of each piece of equipment.
- _____ A signed letter from the owner or operator of a permitted restaurant/commissary in Stanly County granting you permission to use the facility for the storage of all supplies and for the cleaning and servicing of the MFU/Pushcart.

GENERAL INFORMATION:

Name of Applicant: _____

Applicant Mailing Address: _____

Applicant Telephone Number: _____

Name of Mobile Food Unit/ Pushcart: _____

Restaurant/Commissary Name: _____

Restaurant/Commissary Address: _____

Restaurant/Commissary Telephone Number: _____

PROPOSED MENU:

Please attach a copy of the menu with this application.

FOOD STORAGE/PREPARATION:

1. Is adequate and approved (NSF listed) freezer and/or refrigeration available on the mobile food unit to store frozen foods at 0°F and below, and refrigerated foods at 45°F and below?
2. Does each refrigerator have a thermometer?
3. List all equipment inside MFU (include the make and model numbers).

4. How will food that requires refrigeration be held below 45° until served?

5. How will food that is held hot be kept above 135° until it is served?

6. Do you have a metal-stem thermometer (**0-220°F range**) to check internal food temperatures?
7. Which of the following will you be preparing in the restaurant/commissary?
Poultry _____
Fish/seafood _____
Vegetables _____
8. Will food be prepared on the mobile food unit?

EQUIPMENT:

1. Does the mobile food unit have a potable water system under pressure?
2. Where will the utensils be cleaned daily?
At the restaurant _____
On the mobile food unit _____
3. Are all sinks on the unit furnished with hot and cold water?
4. Is there a water heater on the unit?
5. Is there a separate hand washing sink supplied with both hot and cold water on the unit?
6. Is there at least a single-compartment sink supplied with hot and cold water for washing utensils on the unit? (A three compartment sink is recommended).
7. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces be cleaned and sanitized? _____

SEWAGE STORAGE/DISPOSAL:

1. Is there a permanently installed sewage storage tank on the unit?
2. Where is the servicing area for the mobile food unit located at the restaurant/commissary? _____

LOCATION INFORMATION:

List the counties and locations where each pushcart/mobile food unit will operate.

COUNTY	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: YOU MUST KEEP THIS LIST CURRENT AND REPORT ANY CHANGES IN LOCATION TO THIS OFFICE.

A COPY OF THIS LIST MUST BE PROVIDED TO THE LOCAL HEALTH DEPARTMENT IN EACH COUNTY YOU PLAN TO OPERATE.

I hereby certify that the information in this application is correct, and I understand that any change without prior approval from the Stanly County Environmental Health Dept. may result in the disapproval of plans.

Signature: _____