



Stanly County Health Department Environmental Health Division

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RESTAURANT APPROVAL FOR MOBILE FOOD UNIT

Title 15A NCAC (North Carolina Administrative Code) 18A .2600 Rules Governing the Sanitation of Food Service Establishments, Section .2638(f) "General Requirements for Pushcarts and Mobile Food Units", states, "Pushcarts or mobile food units shall operate in conjunction with a permitted restaurant or commissary and shall report at least daily to the restaurant or commissary for supplies, cleaning, and servicing. Facilities, in compliance with this Section, shall be provided at the restaurant or commissary for storage of all supplies. ..."

Title 15A NCAC 18A .2600, Section .2640(g) "Specific Requirements for Mobile Food Units", states, "A servicing operations area shall be established at a restaurant for the mobile food unit. Potable water servicing equipment shall be installed, stored, and handled to protect the water and equipment from contamination. The mobile food unit's sewage storage tank shall be thoroughly flushed and drained during servicing operation. All sewage shall be discharged to an approved sewage disposal system."

I, _____, the _____ of
(Name) (Title)
_____ located at _____
(Establishment) (Address)

have read the regulations listed above and hereby grant permission to

_____ to operate a mobile food unit in conjunction with my
(Name)

establishment. I understand the applicable regulations require the unit to report daily to my establishment for supplies, cleaning, and servicing, including replenishing any on-board water supply and disposal of all solid and liquid waste. I agree to allow all supplies for the unit to be stored on my premises. This agreement shall remain in effect as long as I am the establishment owner/operator, unless withdrawn by notifying the mobile food unit owner and Stanly County Environmental Health in writing.

Please print: _____
(Restaurant owner/operator)

Please print: _____
(Mobile food unit owner/operator)

Signature: _____
(Restaurant owner/operator)

Signature: _____
(Mobile food unit owner/operator)

Date: _____

Date: _____