

**RICHMOND COUNTY
HEALTH DEPARTMENT**
127 Caroline Street Rockingham, NC 28379

Environmental Health Section

Phone: (910) 997-8320

Fax: (910) 997-8372

Visit our website at: publichealth.southernregionalahec.org/Richmond

**RESTAURANT APPROVAL FOR OPERATION
OF A PUSHCART/MOBILE FOOD UNIT**

Title 15A NCAC (North Carolina Administrative Code) 18A .2600 Rules Governing the Sanitation Of Food Service Establishments requires in Section .2638 "General Requirements For Pushcarts and Mobile Food Units" that:

"(f) [Pushcarts and mobile food units] shall operate in conjunction with a permitted restaurant and shall report at least daily to the restaurant for supplies, cleaning, and servicing."

Title 15A NCAC 18A .2640 "Specific Requirements For Mobile Food Units" further states:

"(g) A servicing operations area must be established at a restaurant for the mobile food unit. Potable water servicing equipment shall be installed, stored, and handled in a way that protects 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 Name) (Address of Establishment)

_____ have read the regulations
(Establishment Address Continued)

listed above and .2638, .2639, and .2640 and hereby authorize _____
(Name of PC/MFU Operator)

doing business as _____
(Business Name)

to operate a pushcart/mobile food unit in conjunction with my facility. I understand the applicable regulations require the unit report daily to my restaurant for supplies, cleaning, and servicing, including replenishing of any on-board water supply and disposal of all solid and liquid wastes. I agree to allow all supplies for the unit to be stored on my premises and understand that the Richmond County Health Department does not permit supplies for such facilities to be stored in any private residence. I understand that any sanitation deficiencies resulting at my restaurant, even if directly or indirectly related to the operation of the pushcart/mobile food unit, will be reflected in the sanitation grade of my restaurant. This agreement shall remain in effect as long as I am the restaurant owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health Section of the Richmond County Health Department in writing. I agree to notify both parties in writing should this approval be rescinded.

Signature: _____
(Restaurant Owner/Operator)

Date: _____

Signature: _____
(Pushcart/Mobile Food Unit Operator)

Date: _____

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Application For A Mobile Food Unit/Pushcart Permit

OWNER/OPERATOR (Corporation, Partnership, or Individual): _____

Mailing Address (for unit owner): _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ E-Mail: _____

Cart Name: _____ Unit No.: _____

Base Restaurant Name: _____

Base Restaurant Address: _____

City: _____ State: _____ Zip: _____

Type Facility: [] Mobile Food Unit [] Pushcart

Completion of this application indicates that the applicant understands and intends to comply with the provisions of all related sanitation laws, rules, and regulations. It is understood that:

- any permit issued may be suspended by the Health Department for failure to comply with the requirements of the regulations.
- the permit issued will be posted on the unit where it may be readily seen during all business hours.
- the operator will notify the RCHD (Richmond County Health Department) of NC counties and sites where the unit will be operated and will notify the appropriate County Health Department of any locations where the unit will be operated in their county prior to initiating operation there.
- the unit will report to the base restaurant (commissary) for the purpose of picking up supplies, servicing, and cleaning each day the unit is operated.

Initial Route: _____

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____ Title: _____