



ENVIRONMENTAL SERVICES

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COMMISSARY FORM
PUSHCART/MOBILE FOOD UNIT

Include a copy of proposed menu with this commissary form
Commissary will not be evaluated without a menu

To be completed by the pushcart/mobile food unit operator:

Check one:

- New Application/New Commissary
Change of Commissary (PUC/MFU SIPS # 04092)

Check one:

- Pushcart Name:
Mobile Food Unit Name:

Your Name: Phone Number:
Address: City: Zip code:
Email Address:

**The commissary must have at least one shelf in a refrigerator, freezer, and dry storage area for your use. These areas must be labeled, clean, and free of restaurant storage. Evaluation will be delayed if this task is incomplete.

To be completed by the restaurant permittee or operator:

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Push Cart named above. I understand that as a commissary for the Mobile Food Unit or Push Cart, I must allow the Mobile Food Unit or Push Cart to return for servicing on a daily basis. I agree to allow the following:

Check all that apply:

- (Required for mobile food unit only) Provide an exterior wastewater collection system by gravity flow as approved by the health inspector (REHS). Removal of manhole cover is not acceptable.
(Required for mobile food unit only) Provide an exterior protected connection to the potable water supply with backflow preventer as approved by the health inspector (REHS).
(Required for mobile food unit and pushcart) Use of designated refrigerated and dry storage area for food or utensil storage. I will label those designated spaces for the unit's exclusive use.
(Required for mobile food unit and pushcart) Use of the restaurant utensil sink to wash utensils used on the unit.
(Required for mobile food unit and pushcart) Use of the following restaurant preparation equipment:
Vegetable/fruit sink* Meat/poultry sink* Seafood sink* *if present in commissary
Preparation tables Cooking equipment
Times that mobile food unit/pushcart operator will have access for use of this equipment (only non-peak hours)
Mon Tues Wed
Thurs Fri Sat Sun

Name of Restaurant Serving as Commissary:
Restaurant Address: City: Zip code:
Restaurant Phone Number:
Name of Restaurant Permittee (Print):

Signature of Restaurant Permittee or Operator

Date

Office Use Only

Approved By (REHS name)

Date