



## Mobile Food Unit Application Checklist

Plans are reviewed using North Carolina's "Rules Governing the Sanitation of Food Service Establishments", 15A NCAC 18A.2600. Please use the below checklist to confirm that all requirements are met to obtain a MFU permit.

**\*If you do not own the restaurant/commissary you plan to work out of, then a Pushcart/MFU Agreement Form must be submitted to Cabarrus Health Alliance (CHA) Environmental Health and have been approved by this Department prior to submitting the application. Incomplete applications will be returned to the applicant and will delay processing.**

### Permitting and schedule notifications:

- Mobile Food Units (MFU) permitted by CHA must work in conjunction with a permitted restaurant or commissary within Cabarrus County and must report **daily** to the facility for supplies, cleaning and servicing of the unit.
- Operators must provide a list to the CHA of all locations the MFU will operate on a routine basis. If the MFU travels to other counties, the operator must notify that county prior to operation. This list must be kept current or the permit could be suspended.

### Storage:

- Adequate storage areas must be established and provided at the commissary prior to permitting. Storage of all extra supplies must be kept at the restaurant or commissary rather than in your personal homes or vehicles.

### Water Supply:

- All units must have a potable water system under pressure. The system shall furnish hot and cold water for all food preparation, utensil cleaning, and handwashing.
- Your unit's potable water tanks must be filled with a potable water hose at the restaurant or commissary using a clean and protected fresh water connection. **If the restaurant and/or commissary uses well water as its water source, a sample must be taken prior to issuance of the permit.**
- The fresh water inlet on the MFU must be located above the sewage outlet connection, have a different connection and size than the sewage disposal connection, and it must be kept capped for protection unless being used.

### Sewage Disposal:

- Your unit's sewage storage or gray water tanks must be at least 15% larger than the potable water tanks.
- The tank(s) must be emptied and thoroughly flushed at the restaurant or commissary at an established dump station connected to a properly sized and approved on-site sewage disposal system or sanitary sewer system.

### Garbage Disposal:

- All garbage and other solid wastes shall be stored and disposed of in an approved manner.

### **Equipment and Interior:**

- All equipment and utensils must be NSF/ANSI approved commercial equipment or equivalent to NSF/ANSI standards and be approved by CHA, with the exception of toasters, mixers, microwave ovens, water heaters, and hoods.
- All cooking equipment must be located within the enclosed unit.
- All utensils, tables, sinks, cabinets and shelves must be clean and in good repair. All surfaces must be smooth, not readily corrodible and have no open cracks or joints that will collect food particles and debris.
- Shelves, tables and counters cannot be covered with paper, cardboard, or other absorbent material.
- Hot and cold holding, as well as cooking equipment, must be provided as needed.
- All floors, walls, and ceilings shall be smooth, non-absorbent, and easily cleanable (cold holding units equipped with a thermometer).

### **Sinks:**

- At least a single-compartment commercial sink with rounded corners, backsplash protection, and hot/cold water is required for utensil washing. Drainboards shall be provided as specified in Section 4-301.13 of the North Carolina Food Code Manual as amended by Rule .2654 to accommodate all soiled and cleaned items that accumulate during operation. This sink must be of sufficient size to submerge, wash, rinse, and sanitize your largest utensils or pots. Domestic sinks are not approved for this use.
- A separate handwashing sink is required with hot (min. 100° F) and cold water provided through a combination faucet. Soap and single-service towels are required.

### **Food Protection:**

- Food, drink, utensils, and equipment must not be exposed to insects, dust and other sources of contamination.
- Protection against flies and other insects must be provided by screening or by effective use of fans.
- All foods shall be obtained from approved sources and handled in a sanitary manner.
- All potentially hazardous foods must be maintained at or below 45°F (ideal 41° F) or at or above 135°F.
- An accurate (+/-2°F) metal stem thermometer must be provided to check food temperatures. A suitable small-diameter probe thermometer that is designed to measure the temperature of thin foods (such as meat patties) may be required.
- No bare hand contact with ready-to-eat food (RTE) items is allowed.

### **Employees:**

- Employees shall be clean and wear clean outer clothing and effective hair restraints. No tobacco should be used in any form while in the foodservice area.
- If not already certified, a person in charge (PIC) on-site must demonstrate knowledge of food safety by passing a test as a certified food protection manager within 210 days of issuance of the permit.

**Disease and Illness:**

- No person who has a communicable or infectious disease that can be transmitted by foods, or who is a carrier of organisms that cause such a disease, or who has a boil, infected wound, or an acute respiratory infection with cough and nasal discharge, shall work in a mobile food unit in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces, with disease-causing organisms or transmitting the illness to other persons. An employee health policy must be in place for all employees.

**If you have any questions contact**

**Cabarrus Health Alliance  
Environmental Health  
704-920-1207  
704-933-3379 fax**

**300 Mooresville Road  
Kannapolis, NC 28081**



CABARRUS HEALTH ALLIANCE PLAN REVIEW/PERMIT APPLICATION FOR A MOBILE FOOD UNIT

The North Carolina Food Code Manual in 8-201.11, as referenced by the Rules Governing the Food Protection and Sanitation of Food Service Establishments (15A NCAC 18A .2650,) requires that plans be submitted for approval to the local Health Department (Cabarrus Health Alliance, Environmental Health) when applying for an operational permit for a mobile food unit.

Applicant Information

Owner: Last Name First Name DOB
Address: Mailing Address Apartment/Unit #
City State ZIP Code
Contact phone:
Email :
Name of Proposed Unit:
Commissary/Restaurant Name:
Street Address
City State ZIP Code

Submittal Checklist

An application, plans (unit diagram/layout), and menu must be submitted to Cabarrus Health Alliance Environmental Health, 300 Mooresville Rd, Kannapolis, NC 28081 for review when applying for an operational permit for a mobile food unit. Use the following checklist:

- 1. Have you included a complete application (all pages) for a Mobile Food Unit (MFU)? YES
2. Have you included plans of the MFU drawn to scale (for example 1 inch=4 feet) and included all equipment specifications and locations? YES
3. Have you included a signed and dated list of menu items sold on the MFU including all food, drink, and condiments which are either purchased, prepared at the commissary, or prepared in the unit? YES

Applicant Signature

STATEMENT: I hereby certify that the information provided within this application is accurate and I fully understand that any deviation or variance from this application without prior written permission from Cabarrus Health Alliance Environmental Health will prevent issuance of an operational permit for the unit. I understand that this application will be returned to me if incomplete and will delay processing. I also understand that multiple inspections of the unit may be required and that if the unit is not in compliance with the Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600, an operational permit will not be issued. Approval of these plans and specifications by Cabarrus Health Alliance (CHA) does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).

Print: Applicant Name Title
Signature: Applicant Name Date

**Construction Materials**

Describe construction materials for Mobile Food Unit:

	Description of type of material (example stainless steel, plastic, FRP panel, etc.)
Floors	
Walls	
Ceilings	
Countertops	

**Food Service Equipment**

**Number and list all food service equipment and attach manufacturer's specification sheets if possible.** If specification sheets cannot be provided, then you must provide the manufacturer's name and model number for each piece of equipment.

<b>COOKING EQUIPMENT</b>			
No.	Description (Fryer, Grill, Griddle, Waffle Iron, Pizza Oven, Rice Cooker, Range, Hot Plate, etc.)	Manufacturer	Model

<b>COLD HOLDING EQUIPMENT</b>			
No.	Description (Sandwich Prep Cooler, Refrigerator, Freezer, etc.)	Manufacturer	Model

<b>HOT HOLDING EQUIPMENT</b>			
No.	Description (Steam Table, Heat Lamp, Warmer, etc.)	Manufacturer	Model

<b>OTHER FOOD PROCESSING EQUIPMENT</b>			
No.	Description (Blender, Slicer, Food Processor, Sandwich Press, etc.)	Manufacturer	Model

SINKS				
Description of Sink: Utility sink, Multi-compartment sink, hand washing sink)	Manufacturer	Model	Size of Sink Basin (Length x Width x Depth in inches)	Size of Drainboards (Length x Width)
Hand Washing Sink (at least one is required)				

**Wastewater and Potable Water Holding Equipment and Water Heater**

Description of Tank:	Capacity (gallons)	Method and Location of Filling / Discharging
Potable (fresh) Water Tank (potable water hose required)		
Waste Water Tank (waste water tank must be at least 15% larger than potable water tank):		

Description of Water Heater:	Capacity (gallons)	Attach manufacturer's specification sheet for hot water heater or include Manufacturer and Model.	
		Manufacturer:	Model:

**Proposed Operational Locations, Dates, and Times**

Projected Date for Start of Operation: \_\_\_\_\_

NC Counties in which the MFU will operate: \_\_\_\_\_

**Note: If you have a permit issued by CHA and are planning to operate at a location in another NC county, you must notify the Health Department in that county prior to operating.**

**Please provide a proposed operational schedule. As a condition of your permit this must be maintained current with CHA. All additions and changes should be reported to your inspector.**

MFU Operational Schedule as of _____			
	Dates	Hours of Operation	Location
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Operation at the Commissary**

What time(s) of day will you be servicing the mobile food unit at the Commissary for each day of operation?

\_\_\_\_\_

Do the days/hours of operation of the commissary coincide with operation of mobile food unit hours? \_\_\_\_\_

If not, how do you have access to the commissary? \_\_\_\_\_

Where will supplies (single service, dry ingredients, bread products, etc.) used by the MFU operation be stored at the commissary? \_\_\_\_\_

\_\_\_\_\_

**Food Handling Procedures**

Please explain the entire food handling procedure in detail for each food, prepared drink and condiment listed on your proposed menu using the following form to assist us in expediting the evaluation of the plans you have submitted. For example, if sautéed onions are added to several different sandwiches, the description of how the sautéed onions are prepared would only require to be listed once. Prepared drinks would include rice drinks, smoothies, tea, lemonade, etc. Condiments would include onions, peppers, chili, cheese sauce, cheeses, etc.

