



# Madison County Health Department

## Environmental Health

◇ 5707 US Hwy 25/70 Suite 26 Marshall, NC 28753 ◇  
◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇  
[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

### Commissary Application

This application must be completed and submitted to the Madison County Environmental Health with the corresponding Mobile Food Unit/Pushcart Application. Please also note: **\*No food preparation shall occur prior to receiving a permit from Madison County Environmental Health\***

1) MFU/Pushcart Name: \_\_\_\_\_ MFU/Pushcart Phone Number \_\_\_\_\_

2) Commissary Name: \_\_\_\_\_

3) Commissary Address: \_\_\_\_\_

4) Permission to Use Commissary Granted by\*: \_\_\_\_\_  
Street City State Zip Title: \_\_\_\_\_

5) Commissary Contact Information:

Day Time Phone: \_\_\_\_\_ Email: \_\_\_\_\_

6) Date(s) of Advanced Preparation: \_\_\_\_\_

7) Source of Water for Commissary:  Public Water  On-site Private Well (Requires Testing by MCHD)

8) Wastewater System for Commissary:  Public Sewage  On-site Septic System

9) List of Food Items to be prepared at Commissary: \_\_\_\_\_

10) Method of Maintaining Proper Temperatures during Transport to Event:

Cooler with ice  Refrigerated Truck  Hot Holding Box  Other: \_\_\_\_\_

*I certify that the information on this application is complete and accurate. I understand that any changes to my operation must be submitted to Madison County Environmental Health for review and approval.*

MFU/Pushcart Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* I agree to allow \_\_\_\_\_ to use \_\_\_\_\_*  
MFU/Pushcart Name Commissary Name

*to prepare the food items listed above. I grant access to this facility to an authorized representative from MCHD for the purposes of issuing a MFU/Pushcart Commissary Permit and/or collecting water sample when necessary. I understand the preparation area for all MFU/Pushcart foods shall not be used for any other purposes during the operation dates listed on the MFU/Pushcart Commissary Permit. I certify that the information on this application is complete and accurate.*

Commissary Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be submitted with the corresponding MFU/Pushcart Application to:**

**Madison County Health Department  
Environmental Health**

**493 Medical Park Drive , Marshall, NC 28753 • Phone: (828) 649-9598**

**Or**

**Emailed to [envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)**

Madison County Public Health: *EveryWhere, EveryDay, EveryBody*