



Madison County Health Department

Environmental Health

◇ 493 Medical Park Drive ◇ Marshall, NC 28753 ◇
◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇
envhealth@madisoncountync.gov

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Mobile Food Units and Pushcarts Plan Review Application

This application must be completed and submitted to the Madison County Health Department (MCHD) to provide information about all food preparation and sales to the public within Madison County. This application must be submitted with all the necessary documents no later than 30 days prior to the event. A **non-refundable fee of \$75.00** will be assessed to owner/operator and must be paid with the submission of the application.

Type of Permit Request

Mobile Food Unit – a food establishment or pushcart designed to be readily moved and vend food. Approval of food items being prepared and sold off a mobile food unit is directly proportional to the presence of mandatory equipment located upon the unit and/or at the affiliated commissary. Reference rule 15A NCAC 18A .2672 for minimum construction and design expectations for permitted mobile food units.

Pushcart – a mobile piece of equipment or vehicle used to vend food. Pushcart menus are restricted to the service of hot dogs and similar pre-cooked encased meats along with their associated condiments, pre-packaged drinks and snacks. Reference rule 15A NCAC 18A .2671 for minimum construction and design expectations for permitted pushcarts.

Applicant Name (please print): _____

Mailing Address: _____
Street City State Zip

Phone (Business): _____

Email Address: _____

Proposed Name of Mobile Food Unit/Pushcart: _____

Proposed Commissary: _____

Address: _____
Street City State Zip

Phone: _____ Owner/Manager's Name: _____

Mobile Food Unit or Pushcart Checklist

The following items must be included along with this new application. Incomplete applications will be returned to the applicant and will result in the delay of Department's review, processing, and approval.

Completed mobile food unit and pushcart application (this application)

Scaled diagram showing positioning of equipment and sinks (mobile food units only)

Manufacturer specifications for all installed equipment upon the mobile food unit or pushcart

Complete and accurate menu for proposed mobile food unit or pushcart (including all food, drinks and condiments)

Completed commissary approval form

For Pushcarts Only: Provide copy of manufacturer specification for commercial carts or a detailed diagram of cart showing cold and hot holding equipment, food and product storage areas, cooking equipment, and manner of overhead protection of work areas from public.

For Mobile Food Units Only:

Please define the finish materials applied to each of the following as applicable (i.e. tile, stainless steel, FRP board, etc.)

Floors: _____

Walls: _____

Ceiling: _____

Baseboards: _____

Countertops: _____

Shelves/cabinets: _____

Operation:

Primary County: _____

Days and Hours of Operation: _____

Projected number of meals to be served: _____

Breakfast: _____ Lunch: _____ Dinner: _____

List all food service equipment and attach a copy of manufacturer equipment specifications for:

1. Cooking Equipment (fryer, grill, convection and induction cooking, etc.):

2. Cold food and beverage holding equipment (refrigerator, freezer, insulated cooler, etc):

3. Hot food and beverage holding equipment (steam table, heat lamp, insulated thermal container, etc.):

4. Ware-wash sink: Number and size of sink basin(s) / (length x width x depth)?

Number and size of drain boards or adjacent shelving space for air drying of utensils?

Water supply (mobile food units only):

1. **Wastewater storage tank** – location, capacity (gallons) and construction materials for permanently mounted wastewater storage tank?

Note: The wastewater storage tank must be at least 15% larger than the water supply tank. The wastewater tank connection must be lower than and of a different design than the connection for the potable water inlet.

2. **Potable water storage tank** – location, capacity (gallons) and construction materials for potable water holding tank?

Note: The water inlet must be protected from contamination.

3. **Water heater** – attach copy of manufacturer specification for water heater

Applicant Signature:

STATEMENT: I hereby certify that the information provided herein is accurate to the best of my knowledge. I understand that:

- The Madison County Health Department does not issue verbal approvals regarding construction, design, or permitting of pushcarts and mobile food units.
- Mobile food units and pushcarts which are found to be non-compliant with the design standards as prescribed within “Rules Governing the Food Protection and Sanitation of Food Establishments,” 15A NCAC 18A .2600, will not receive an operational permit from this office.
- Any deviation of this application after receiving Department approval may result in the delay or denial of an operational permit. Approval of this application or issuance of an operating permit by the Madison County Health Department does not constitute compliance with other codes, laws, regulations, and ordinances imposed by another regulatory authority having jurisdiction.

Signature: _____
(Mobile Food Unit/Push Cart Applicant/Owner)

Date: _____



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Commissary Permit Application

This application must be completed and submitted to the Madison County Health Department (MCHD) to provide information about all food preparation and sales to the public at any public event or exhibition within Madison County. This Commissary application must be submitted with the corresponding Mobile Food Unit/Pushcart Application **no later than 30 days prior to the event**. Please also note:

- No food preparation shall occur prior to receiving a permit from MCHD.
- No food preparation shall occur more than 7 days prior to the event.

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) Waste Water System for Commissary: Public Sewage On-site Septic System

9) List of Food Items to be prepared by 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 the Madison County Health Department for review and approval prior to the day of the event.

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:

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TFE Set-Up Example

