

HARNETT COUNTY COMMISSARY FORM

As the permittee or operator of the restaurant facility noted below, it is my intention to allow this facility to serve as a commissary for the mobile food unit or push cart noted below. 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 understand that servicing the unit may include any and all of the servicing requirements noted below.

_____ USE OF THE RESTAURANT UTENSIL SINK FOR WASHING OF MOBILE FOOD UNIT OR PUSH CART UTENSILS

_____ PROVISION OF REFRIGERATED OR DRY STORAGE AREA FOR THE MOBILE FOOD UNIT OR PUSH CART FOOD OR UTENSIL ITEMS

_____ PROVISION OF A SUITABLE MEANS OF CONNECTION INTO THE POTABLE WATER SUPPLY AS APPROVED BY THE ENVIRONMENTAL HEALTH SPECIALIST (mobile food unit only)

_____ PROVISION OF A SUITABLE MEANS OF DISPOSAL OF WASTE WATER AS APPROVED BY THE ENVIRONMENTAL HEALTH SPECIALIST (mobile food unit only)

Name of Mobile Unit or Push Cart _____

Owner/Operator of MFU or PC _____

Name and Address of Restaurant Serving as Commissary:

Signature of Restaurant Permittee or Operator

Print Name

Date

Harnett County Environmental Services Use Only

Commissary Approved By _____ **Date** _____

Environmental Health Specialist