

HARNETT COUNTY APPLICATION FOR PUSHCARTS

APPLICANT: _____ PHONE: _____

MAILING ADDRESS: _____ FAX: _____

EMAIL: _____

NAME OF PUSHCART: _____

LICENSE OR TAG #: _____

SET UP LOCATION(S): 1. _____

2. _____

3. _____

HOURS OF OPERATION: _____

COMMISSARY USED: _____

ADDRESS: _____

COMMISSARY CONTACT: _____

NSF EQUIPMENT ON PUSHCART? _____

TYPE OF SANITIZER USED: _____

TEST STRIPS AVAILABLE?: _____

DRAWING (TO SCALE) OF UNIT PROVIDED? _____

DESCRIPTION OF OPERATION AT COMMISSARY: _____

WHERE WILL FOOD BE STORED ON CART? IN COMMISSARY? _____

DO YOU HAVE A LETTER FROM THE COMMISSARY? _____

DOES COMMISSARY OPERATION HOURS COINCIDE WITH PUSHCART HOURS? _____

LIST ALL FOODS TO BE PREPARED OR SERVED BY THE PUSHCART: _____

METAL-STEM FOOD THERMOMETER AVAILABLE? _____

OFFICE USE ONLY:

COMMENTS: