

HARNETT COUNTY MOBILE FOOD UNIT PLAN REVIEW APPLICATION

Name of MFU Unit: _____
Owner's Name: _____
Owner's Address: _____
City: _____ Zip Code: _____
Mailing Address (if different) _____
City: _____ Zip Code: _____
Phone if Available: (____) - (____ - _____) E-mail Address: _____

Name of Commissary: _____ Contact: _____
Commissary's Address: _____
City: _____ Zip Code: _____
Telephone: (____) - (____ - _____) E-mail Address: _____

Hours Operation:

Sun. _____ Mon. _____ Tue. _____ Wed. _____ Thu. _____ Fri. _____ Sat. _____

Total Square Feet of MFU: _____

Projected Number of Meals to be Served: (approximate number)

Breakfast _____ Lunch _____ Dinner _____

Projected Date for Start of Operation: _____

County(s) in which MFU will operate: _____

Water tank capacity: _____

Waste water tank capacity: _____ (must be at least 15% larger than water tank)

Please enclose the following documents

- _____ Drawing to scale showing the placement of each piece of food service equipment along with general plumbing, electrical, mechanical, and lighting drawings
- _____ A complete equipment list and corresponding manufacturer specification sheets
- _____ A proposed menu
- _____ A completed mobile food unit Plan Review Application
- _____ Commissary Agreement Form
- _____ \$250 plan review fee

INFORMATION MUST BE SUBMITTED TO HARNETT COUNTY CENTRAL PERMITTING LOCATED AT 420 MCKINNEY PKWY., LILLINGTON, NC 27546

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature: _____ **Date:** _____
(Applicant or Responsible Representative)

OPERATION AT THE COMMISSARY

What times of the day would you service the mobile food unit at the Commissary?

Do the Commissary operation hours coincide with mobile food unit hours? _____

HOT HOLDING

How will hot food be held from Commissary to the site of operation? _____

Foods that will be held **hot** before serving: _____

COLD HOLDING

How will cold food be held from Commissary to the site of operation? _____

Foods that will be held **cold** before serving: _____

REFRIGERATION ON MFU

Describe refrigeration on MFU _____

Describe how equipment on unit is powered when traveling: _____

REFRIGERATION AT COMMISSARY

Describe area at commissary designated for MFU food storage _____

DRY STORAGE

Frequency of purchases per week: _____ Square feet shelf space: _____ ft²

Describe area at the commissary designated for dry storage? _____

MFU FINISH SCHEDULE

Area	Material
Floors	
Walls	
Ceilings	
Baseboards	

WATER SUPPLY

Is potable water supply provided by Commissary? YES _____ NO _____

Is NSF/food-grade hose available? YES _____ NO _____

Where is the water spigot used to fill water tank located at the Commissary? _____

How is this spigot protected from contamination? _____

HANDWASHING

Indicate number and locations of hand sinks on MFU: _____

FOOD PREPARATION FACILITIES ON MFU

Number of food prep sinks: _____ Are separate sinks provided for vegetables and meats? _____

Size of sink drainboards (inches): _____

How will sinks be sanitized after use or between meat species? _____

Describe food prep area on MFU: _____

FOOD PREPARATION FACILITIES AT COMMISSARY

Number of food prep sinks: _____ Are separate sinks provided for vegetables and meats? _____

Size of sink drainboards (inches): _____

How will sinks be sanitized after use or between meat species? _____

Describe food prep area at Commissary: _____

DISHWASHING FACILITIES ON MFU

Number of sink compartments: _____

Size of sink compartments (inches): Length _____ Width _____ Depth _____

Length of drainboards (inches): Right _____ Left _____

Are the basins large enough to immerse your largest utensil? _____

What type of sanitizer will be used?

Chlorine _____ Quaternary ammonium _____ Hot water _____ Other (Specify) _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?

How many air drying shelves will you have? _____

Calculate the square feet of total air drying space: _____ ft²

DISHWASHING FACILITIES AT COMMISSARY

Number of sink compartments: _____

Size of sink compartments (inches): Length _____ Width _____ Depth _____

Length of drainboards (inches): Right _____ Left _____

What type of sanitizer will be used?

Chlorine _____ Quaternary ammonium _____ Hot water _____ Other (specify) _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?

How many air drying shelves will you have? _____

Calculate the square feet of total air drying space: _____ ft²

EMPLOYEE AREA

Indicate location for storing employees' personal items on MFU: _____

GARBAGE, REFUSE AND OTHER

Will trash be stored in the MFU overnight? Yes _____ No _____ If so, how will it be stored to prevent contamination? _____

Where and how will wastewater be disposed of? _____

Where will MFU be stored after operation? _____

Location and size of can wash facility at Commissary: _____

Is can wash area accessible to MFU? _____

Are hot and cold water provided as well as a threaded nozzle? _____

How will used grease be handled? _____

Are doors on MFU self-closing? _____ Fly fans provided? _____

Where will chemicals be stored? _____

Where will clean linen be stored? _____

Where will dirty linen be stored? _____

MFU SET UP LOCATIONS:

1. _____

2. _____

3. _____

4. _____

To be Completed by restaurant permittee or operator

****The commissary must have at least one shelf in a refrigerator, freezer, and dry storage area for your use. These areas must be labeled, clean, and free of restaurant storage. Evaluation will be delayed if this task is incomplete.**

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Push Cart named above. 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 agree to allow the following:

Check all that apply:

- (Required for mobile food unit only) Provide an exterior wastewater collection system by *gravity flow* as approved by the health inspector (REHS). Removal of manhole cover is not acceptable.
- (Required for mobile food unit only) Provide an *exterior* protected connection to the potable water supply with backflow preventer as approved by the health inspector (REHS).
- (Required for mobile food unit and pushcart) Use of designated refrigerated and dry storage area for food or utensil storage. I will label those designated spaces for the unit's exclusive use.
- (Required for mobile food unit and pushcart) Use of the restaurant utensil sink to wash utensils used on the unit.
- (Required for mobile food unit and pushcart) Use of the following foodservice equipment:
 Vegetable/fruit sink* Meat/poultry sink* Seafood sink* *if present in commissary
 Walk in cooler Preparation tables Cooking equipment
- (Required for mobile food unit and pushcart) Times that mobile food unit/pushcart operator will have access to commissary (non-peak hours only)
Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____ Sun _____

Proposed Commissary: _____
Address: _____ City: _____ Zip Code: _____
Phone Number: _____
Name of Restaurant Permittee (Print): _____

Signature of Restaurant Permittee or Operator **Date**

Harnett County Environmental Services Office Use Only	_____ Approved By (REHS)	_____ Date
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