TEL 919 856 7400 FAX 919 743 4772

\*\*Commissary will not



**Environmental Health & Safety Division** 336 Fayetteville Street • Raleigh, NC 27602 www.wakegov.com

## **COMMISSARY FORM** PUSHCART/MOBILE FOOD UNIT

be evaluated without Step One: Completed by pushcart/mobile food unit operator entire form completed Check one: including menu/food ☐ New Application/New Commissary preparation details \*\* Change of Commissary (PUC/MFU SIPS # 04092\_\_\_ Check one: Pushcart Name: Mobile Food Unit Name: Applicant Name: \_\_\_\_\_Phone Number: \_\_\_\_ \_\_\_\_\_City: \_\_\_\_\_ Zip code: \_ Address: Email Address: Menu and food preparation processes for all entrees, sides, drinks, and desserts: (additional sheets can be attached)

## Step Two: 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 f		an exterior wastewater colle moval of manhole cover is n	ction system by <i>gravity flow</i> as ot acceptable.
	food unit only) Provide approved by the health		ction to the potable water supply with
		Use of designated refrigerate spaces for the unit's exclusive	ed and dry storage area for food or e use.
(Required for mobile f	food unit and pushcart)	Use of the restaurant utensit	sink to wash utensils used on the unit
Vegetable/fruit Walk in cooler (Required for mobile for	sink* Meat/po Preparation tab  ood unit and pushcart)	oles Cooking equi	sink* *if present in commissary
commissary (non-pea			
Mon	Tues	Wed	Sun
Thurs	111	Sat	Suii
D 10 '			
Proposed Commissary:			
Proposed Commissary:Address:		City:	Zip Code:
Phone Number:			
Name of Restaurant Permitt	ee (Print):		
Signature of Restaurar	nt Permittee or Oper	ator	Date
~- <del>g</del>			
Commission Theory	C4 41 W-1 C		
			rvices heath inspector has
evaluated the commissa	iry and requested	that you contact the u	tilities department:
Step Three: Completed	hy mobile food ur	uit onerator	
			prove the use of their sanitary sewer
system along with any pretreat		•	•
		1 0	•
plumbing connections are requ			l your proposed commissary. If new
plumonig connections are requ	inea, proper permits sin	outd be obtained prior to beg	mining the work.
Wake Co Environmental _		D (DEHC)	
Services Office Use Only	Approved E	sy (KEHS)	Date