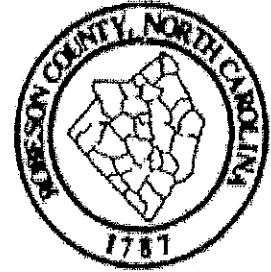


**ROBESON COUNTY  
DEPARTMENT OF PUBLIC HEALTH**



460 Country Club Road  
Lumberton, North Carolina 28360

Phone: (910) 671-3200 Fax: (910) 608-2120

Outstanding County Programs (1993 thru 1997) - NC Assn. of County Commissioners

*EveryWhere. EveryDay. EveryBody*

Child Health Recognition Award (1994, 1998) - Glaxo Wellcome

Division of Environmental Health  
Phone (910)272-6560 Fax (910)671-5969

**APPLICATION FOR MOBILE FOOD UNIT COMMISSARY**

**Mobile Food Unit Commissary** – a vehicle with food service equipment designed to be readily moved that also serves as its own base of operation. It is a self contained commercial kitchen on wheels that is fully enclosed with floors, walls, and ceilings with mechanical refrigeration that shall meet all of the sanitation requirements of a permitted commissary in the 2009 Food Code as amended by 15A NCAC 18A .2600, "Rules Governing the food Protection and Sanitation of Food Establishments" and rules .2670 and .2672.

**Approval is based on food sources, menu with simple food processes and strict compliance relating to potable water source, waste water disposal location/frequency and operations schedule including restroom accessibility.**

Name of Proposed Unit: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Permittee Name: \_\_\_\_\_

*Note: This office requires legal documentation (Articles of Organization) of Limited Liability Company (LLC), Incorporated Business or Corporation reflecting all partner names (Examples are available upon request).*

1997 Award for Environmental Excellence—National Assn. Of County and City Health Officials

**WILLIAM J. SMITH, M.P.H.**  
Health Director

**Robeson County Board of Health**



**Tom Taylor**  
Chairman  
Board of Health

**John I. Adams, O.D.**  
**Joe W. Bailey Jr., P.E.**  
**Michael Deese, D.V.M.**

**Larece Hunt**  
**Tammara A. Jones, RN**  
**Kenneth Locklear, MD**  
**Murray McKeithan**

**Duncan Malloy III**  
**Robert Revels, R. Ph.**  
**Daniel Walters, D.D.S.**



**III. Food Sources - order/purchase frequency:**

Food Type

Source

Order/purchase frequency

Proteins: \_\_\_\_\_

Eggs/Dairy: \_\_\_\_\_

Fruits/Vegetables: \_\_\_\_\_

Dry goods: \_\_\_\_\_

How will potentially hazardous foods be stored to maintain at a maximum of 41° F between service times?

\_\_\_\_\_

Will any food be served to order raw or undercooked? \_\_\_no \_\_\_yes \*If yes, what? \_\_\_\_\_

\*Consumer Advisory required as per NC Food Code Manual 3-603.11

**IV. Utilities:**

**1. Power supply:** electrical system is required in order to maintain refrigeration, other equipment and lights at operational standard at all times. *A separate power source, such as an onboard generator, may be required unless otherwise demonstrated that the designed electrical system can support commercial use and business volume.*

Electrical system wattage \_\_\_\_\_

If equipped with onboard generator, what size h. p. \_\_\_\_\_

Fuel source and location of generator on unit \_\_\_\_\_

Describe method of switching between power sources \_\_\_\_\_

\_\_\_\_\_

**2. Water Supply:** *Only a public water source will be approved for use due to inspection accessibility* \_\_\_\_\_

Name of Public Potable Water Source \_\_\_\_\_

Location and method of filling tank \_\_\_\_\_

Potable water tank: Size (Length x width x depth) \_\_\_\_\_

Capacity/gallons \_\_\_\_\_ Construction Material \_\_\_\_\_

Hot water heater type and size \_\_\_\_\_

\*Attached manufacturer's specification sheets for water pump and hot water heater? \_\_\_yes \_\_\_no

**3. Wastewater Disposal:** *Only a public waste water disposal facility will be approved for use due to inspection accessibility*

Name of Public Wastewater Disposal Facility \_\_\_\_\_

Facility location \_\_\_\_\_ disposal times \_\_\_\_\_

Waste water holding tank: Size (Length x width x depth) \_\_\_\_\_

Capacity \_\_\_\_\_ Construction Material \_\_\_\_\_

Waste outlet location and method of wastewater disposal \_\_\_\_\_

Type of sewer vents on unit: \_\_\_ Vents to exterior \_\_\_ Vents to interior by an air admittance valve

\*Confirmation letter provided for waste water disposal approval site? \_\_\_ yes \_\_\_ no

4. Solid Waste Disposal & Recyclables: describe method, location and frequency of disposal \_\_\_\_\_

**V. Service Areas and Operational Schedule:** list all service areas, times and restroom location for each (use 2<sup>nd</sup> sheet if needed)

Name of Service Area/address	Operational Time/days	Restroom Location
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

\*Property use consent letter provided for each service area? \_\_\_ Yes \_\_\_ No

**\*Please note:** Vendor must report to the health department should there be any changes in service locations or schedule and must report once every 6 months to verify current locations and schedule. If vendor fails to submit locations/schedule, vendor may lose permit to sell food. Vendor must also notify health department within any county where operations may be conducted of location and schedule.

**STATEMENT:** I hereby certify that the information provided within this application is accurate and I fully understand that any deviation or variance from this application without prior written permission from Robeson County Environmental Health will prevent issuance of an operational permit for the unit. I understand that this application will be returned to me if incomplete and will delay processing. I also understand that multiple inspections of the unit may be required and that if the unit is not in compliance with Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600, an operational permit will not be issued. Approval of these plans and specifications by Robeson County Environmental Health does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Owner or Responsible Representative)

**For office use only**

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Issue(s) requiring plan revision \_\_\_\_\_

Issue(s) requiring disapproval \_\_\_\_\_

Conditions allowing approval and permit \_\_\_\_\_

Plan Review conducted by \_\_\_\_\_ Date \_\_\_\_\_