



HAYWOOD COUNTY HEALTH AND HUMAN SERVICES AGENCY

157 Paragon Parkway, Clyde, NC 28721-9481

Ira Dove, Agency Director

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|----------------------|--------------|--------------------------|--------------|
| Public Health | 828-452-6675 | Social Services | 828-452-6620 |
| Dental Office | 828-452-6701 | Meals on Wheels | 828-356-2442 |
| Environmental Health | 828-452-6682 | Maple Leaf Adult Respite | 828-456-9488 |

COMMISSARY FORM MOBILE FOOD UNIT or PUSH CART

****Include a copy of proposed menu with this form. Commissary will not be evaluated without a menu.**

To be completed by the pushcart/mobile food unit operator:

Check One:

- New Application / New Commissary
- Change of Commissary

Check One:

- Pushcart Name: _____
- Mobile Food Unit Name: _____

Your Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

***The commissary must have a minimum of one shelf in a refrigerator, freezer, and dry storage area for your use. These areas must be labeled, clean, and free of restaurant storage.**

To be completed by the restaurant permittee or operator:

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Pushcart named above. I understand that as a commissary for the Mobile Food Unit or Pushcart, I must allow the Mobile Food Unit or Pushcart to return for servicing on a daily basis. I agree to allow the following:

Check each item, showing that you agree to provide the MFU or Pushcart access to the following:

_____ Provide an exterior wastewater collection system by *gravity flow* as approved by the health inspector (REHS). **Mobile food unit only**

_____ Provide an *exterior* protected connection to the potable water supply with backflow preventer as approved by the health inspector (REHS). **Mobile food unit only**

_____ Provide designated refrigerated and dry storage area for food and/or utensil storage. Commissary operator must label these spaces for the unit's exclusive use.

_____ Provide use of the restaurant 3 compartment sink and/or dish machine to wash utensils used on the MFU.

_____ Provide access to food preparation area in the commissary.

_____ Provide supervision of the commissary by a qualified food safety accredited person in charge.

_____ Provide a schedule to the MFU operator and monitor the use of the commissary space.

"Enhancing the health, safety and full potential of our community"

Haywood County HHSA is an equal opportunity provider and employer

Name of Restaurant Serving as Commissary: _____

Restaurant Address: _____

City: _____ Zip: _____

Restaurant Phone Number: _____

Name of Restaurant Permittee (Print): _____

Signature of Restaurant Permittee or Operator _____ Date _____

(Office Use Only) Commissary: _____ Approved _____ Disapproved (give reason) _____

By _____
REHS Signature _____ Date _____