



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5200 • www.gastonhhs.org

Mobile Food Unit Plan Review Application

The North Carolina Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600) require that plans drawn to scale for food service establishments shall be submitted for review and approval to the local Health Department (Gaston County Environmental Health). Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation.

Minimum Submittal Checklist

**Applications without complete and accurate information will be returned to the applicant and will delay the Department in review, processing, and approval.

Completed mobile food unit application

Scaled diagram showing positioning of equipment and sinks (1/4" inch = 1' foot)

Manufacturer specifications for all installed equipment upon the mobile food unit (cut sheet)

Complete and accurate menu for proposed mobile food unit (including all food, drinks, and condiments) Please attach complete menu to application

Completed commissary approval form

Mobile Food Unit—a food establishment designed to be readily moved and vend food. Approval of food items being prepared and sold off a mobile food unit is directly proportional to the presence of mandatory equipment located upon the unit and/or at the affiliated commissary. Please reference rule 15A NCAC 18A .2671 and .2672 for general requirements and minimum construction and design expectations for permitted mobile food units.

Applicant Information

Construction:

New (not built at this point)

Remodel

Other

Mobile Food Unit Name:

Owner's Name:

Owner's Address:

City:

State:

Zip:

Home Phone Number:

Cell Phone Number

Owner's E-mail

Commissary Information:

Proposed Commissary:

Address:

City:

State:

Zip:

Phone Number to Commissary or Phone of Commissary Owner:

Owner/ Manager's Name:

Application Submittal Information

Application and supporting documentation can be mailed or delivered to: Gaston County Environmental Health, 991 W. Hudson Blvd.
Gastonia, NC 28052

Or electronically to: david.littman@gastongov.com

Operation

Primary County of Operation:

Proposed Location/ Address of Operation:

Day and Hours of Operation:

Additional Locations

Proposed Location/ Address Operation:

Days and Hours of Operation:

Proposed Location/ Address Operation:

Days and Hours of Operation:

Projected number of meals to be served (approximate):

Breakfast

Lunch

Dinner

Finishes (must be smooth, nonabsorbent, and easily cleanable)

Floors, please describe what type of finishes will be used.

Walls

Ceilings

Wall behind cooking equipment

Water Storage Tank

Water Tank Storage Capacity (in gallons)

Location of Water Tank

Inside Unit

Outside Unit

Water Source
Restaurant
Commissary
Other

Is the water source from
Municipal Supply?
Yes
No

Is the water source from a well?

Yes, please provide proof of a current negative bacteriological sample.

No

Sewage Storage Tank

Permanently mounted sewage tank: Capacity in gallons:

Location of Sewage Storage Tank:

Inside of unit
Outside of unit

Where will you dispose waste water?

Commissary
Restaurant
Other

Grease by Products

Where will you dispose of grease?

Garbage Can with Tight Fitting Lid for Interior of Mobile Food Unit?

Yes
No

Water Heater Specification

Manufacturer:

Model (and Model Number)

Utensil Washing
Number of sink
compartments:

Size of
compartments
(inches): Length:

Width: _____

Depth: _____

Size of drain boards (Length x Width in inches)

Right:

Left:

Will you wash dishes on Mobile Food Unit?

- Yes
- No
- Other

Will you wash dishes at commissary?

- Yes
- No
- Other

If at Commissary, how will you store soiled dishes?

Number of Hand Sinks on Unit

Lighting

Is there shielded covers on lighting in Unit?

- Yes
- No
- Other

Is there shatterproof bulbs?

- Yes
- No
- Other

Food Service Equipment List

Food Equipment Layout and Manufacturer Specification Sheets must be labeled with corresponding number from this list

1. Equipment Type	Manufacturer	Model
2. Equipment Type	Manufacturer	Model
3. Equipment Type	Manufacturer	Model
4. Equipment Type	Manufacturer	Model
5. Equipment Type	Manufacturer	Model
6. Equipment Type	Manufacturer	Model

7. Equipment Type	Manufacturer	Model
8. Equipment Type	Manufacturer	Model
9. Equipment Type	Manufacturer	Model
10. Equipment Type	Manufacturer	Model

Will any foods be offered raw or undercooked or cooked to consumers' preference such as beef, eggs, fish, shellfish, poultry, pork, lamb?

Yes*

No

Other

*Consumer advisory must be posted on menu per NC Food Code Manual 3-603-11.

Thermometer

Do you have a food grade small diameter probe thermometer (0-220 F)

Yes

No

Types of Food to be Thawed

Thawing Method

Refrigerated Unit

Under Running Water

Microwave

Other

Thawing Location

Commissary

Unit

Minimum Hand Contact with Ready to Eat Foods
(What protection do you plan to use?)

- Gloves
- Utensils
- Food Grade Paper or Deli tissue
- Other

Will you wash or cut food at the Commissary?

- Yes
- No
- Other

Will you wash or cut food on the unit?

- Yes, you will be required to install a prep sink.
- No
- Other

How will you keep hot foods at 135 F during transportation and at work site?

How will you keep cold foods at 45° F (41°F January 1, 2019 or all new equipment) during transportation and at work site?

Do you plan to use ice to keep cold foods at 41 F (or 45 F currently)?

- Yes
- No

Where will you obtain your ice and how will you store it?

Cooling Methods

Will you be cooling foods at the end of day for use on the next day?

- Yes
- No
- Other

Please describe your cooling method.

Preparation of Menu Items

Describe the following for each proposed menu item:

- Processing of the menu item in the commissary (cut, washed, thawed, marinated, cooked, chilled, etc.)
- Processing of the menu item in the mobile food unit (cooked, hot held, assembled, etc.)
- Hot transportation equipment (from commissary to mobile food unit)

Some examples are provided below to assist you in completing this part of the application:

Food Product

- Example One: Egg Drop Soup

Egg Drop soup will be made from scratch every morning in the commissary and placed in hot transportation equipment (i.e. cambro). At sales location, soup kettle will be preheated and soup will be transferred from hot transportation equipment to soup kettle. Leftover soup will be discarded at the end of the day.

Food Product

- Example Two: Turkey sandwich with bacon, lettuce, and tomato

Lettuce and tomato will be washed and cut in commissary. Turkey will be purchased precooked/presliced from local food distributor. Bacon will be cooked in commissary. Sandwiches will be made to order at sandwich refrigeration unit. Store bought hoagie rolls will be used. Condiments such as mustard, mayo, pepper during preparation by employee.

Food Product

- Example Three: Grilled Chicken Breast on Rice Pilaf

Skinless, boneless chicken breasts purchased from local distributor. Chicken is marinated overnight in commissary and transferred to precooled mobile food unit refrigerator each morning. Rice is cooked each morning in commissary and placed in hot transportation equipment (i.e. cambro). At sales location steam table is preheated and rice is transferred from hot transportation equipment to steam table. Ten chicken breasts are grilled at a time on the mobile food unit flattop grill and placed in steam table. Leftovers will be discarded at the end of the day.

Food Product

- Example Four: Blackberry Tea

Blackberry tea will be made from powder form in commissary and then transported to mobile food unit in a dispenser (i.e. cambro drink transporter). Lemons will be washed and sliced in commissary. Sliced lemons will be placed in sandwich refrigerator in mobile food unit. Ice bin in mobile food unit will be filled with ice from ice machine in commissary. Upon each order, employee will fill plastic cup with ice and fill with blackberry tea. A lemon slice will be added on the top of the cup.

Food Product:

Food Product

If additional space is need for food products, please submit separately.

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 Gaston 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 and 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 Gaston 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 of Owner/ Operator or Designee:

Date: