

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County

157 Health Services Rd
P.O. Box 309 (Mailing)
Sparta, NC 28675
336-372-8813 (phone)
336-372-7792 (fax)

Ashe County

316 Cherry Dr
P.O. Box 208 (Mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County

126 Poplar Grove Connector
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

www.apphealth.com

COMMISSARY FORM

Rule 15A NCAC 18A .2670(d) in the Rules Governing Food Protection and Sanitation of Food Establishments imparts that: "Pushcarts or Mobile Food Units shall operate in conjunction with a permitted restaurant/ commissary and shall report at least daily for supplies, cleaning, and servicing."

Restaurant / Food Stand Serving as Commissary

Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Please list the hours that the Mobile Food Unit/Pushcart can use your facility:

| Sun | Mon | Tue | Wed | Thur | Fri | Sat |
|-----|-----|-----|-----|------|-----|-----|
| | | | | | | |

Water Supply: Municipal Private* Sewage Disposal: Sewer Onsite*

*If wastewater is disposed into onsite system and/or if facility is on a well, septic system and/or well must be evaluated and approval must be granted from Health Dept.

As the permittee or operator of the food establishment listed below, it is my intention to allow my facility to serve as a commissary for the Mobile Food Unit or Push Cart listed below. I understand that the Mobile Food Unit or Push Cart must return to my facility on a daily basis for servicing of the following requirements (*Please initial each of the items listed*):

- ____ Use of the restaurant utensil sink for washing of the utensils.
- ____ Use of the restaurant food prep sink for any washing, thawing, rinsing or cooling of food.
- ____ Use of the restaurant cooking equipment (as deemed necessary).
- ____ Provision of refrigerated or dry storage for their food and utensils.
- ____ Provision of a suitable means of connection into the potable water supply as approved by Health Dept.
- ____ Provision of a suitable means for disposal of the Mobile Food Unit's or Pushcart's gray water into my facility's sewage disposal system as approved by the Health Department.

I understand that this agreement shall remain in effect until I notify the Health Department and the Mobile Food Unit's or Pushcart's owner in writing to rescind it or until the owner of this operation changes.

Operator Name (*Printed*): _____

Signature: _____ Date: _____

Mobile Food Unit or Pushcart

Business Name: _____ Phone Number: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Operator Name (*Printed*): _____

Signature: _____ Date: _____

Revised 12-2013