

Pender County Health Department

...Building a healthier tomorrow...

Carolyn Moser, MPA
Health Director

AGREEMENT FROM PERMITTED RESTAURANT TO ALLOW A PUSH CART/MOBILE FOOD UNIT TO OPERATE IN CONJUNCTION WITH THIS ESTABLISHMENT

COMMISSARY REQUIREMENTS

1. Provide a copy of the commissary sign in sheet
2. Provide a floor plan drawing to scale (minimum ¼"=1') of all equipment and storage to be used in the commissary

Name of Establishment: _____

Manager or Person-in Charge: _____

Address: _____

Phone Number: _____

Email Address: _____

Permission is given to (Name) _____ (Name of unit) _____ to operate a Pushcart/Mobile Food Unit in conjunction with my food service establishment. I understand the applicable regulations require that the Pushcart/Mobile Food Unit report daily to my establishment for supplies, cleaning and servicing. I agree to allow supplies for the unit to be stored at my establishment. I understand that any sanitation deficiencies resulting at my food service establishment, even if directly or indirectly related to the operation of the Pushcart/Mobile Food Unit, will be reflected on the sanitation grade of my food service establishment. This agreement shall stay in effect as long as I am the owner, unless rescinded by notifying the Pushcart/Mobile Food Unit owner and The Pender County Health Department in writing.

I, the food service establishment owner, will provide the necessary facilities and supplies for the above Pushcart/Mobile Food Unit at my permitted food service establishment as checked below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Toilets | |
| <input type="checkbox"/> Hand washing | <input type="checkbox"/> Water Filling Station | <input type="checkbox"/> Dry Food Storage |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Single Service Items |
| <input type="checkbox"/> Multi-use Utensil Wash | <input type="checkbox"/> Frozen/refrigerated Food Storage | <input type="checkbox"/> Other: _____ |

Signature of Commissary Owner:

Print Name _____

Signature _____

803 S. Walker St., Burgaw, NC 28425 (910) 259-1230 Fax (910) 259-1258

Dental Center (910) 259-1503 Environmental Health (910) 259-1233 WIC (910) 259-1290