



CARTERET COUNTY HEALTH DEPARTMENT

Environmental Health Section

3820-A Bridges Street Morehead City, NC 28557

Phone: (252) 728-8499 Fax: (252) 222-7753



COMMISSARY AGREEMENT FORM

Type of Application: New Application/Change of Ownership Change of Commissary

Type of Operation: Mobile Food Unit Pushcart

Name of Unit: _____

Name of Owner/Operator: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Title 15A NCAC 18A .2600 "Rules Governing Food Protection and Sanitation of Food Establishments" specifies in Section .2670 (a): *"A permit shall be issued by the regulatory authority that inspects the commissary from which a pushcart or mobile food unit is to operate, if the regulatory authority determines that the pushcart or mobile food unit complies with the Rules of this Section."*

Mobile Food Unit/Pushcart Operator: *I agree to operate my mobile food unit/pushcart in conjunction with the commissary listed below. I understand that my mobile food unit must report to the commissary at least daily on days of operation for servicing. I also understand that I must notify Carteret County Environmental Health when the location and days/times of my operation changes.*

Signature of Mobile Food Unit Operator: _____ Date: _____

Name of Commissary: _____

Name of Owner/Operator: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Commissary Owner/Operator: *As the permittee or operator of the permitted food service establishment above, 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 each day that it operates. I agree to allow the following (please initial):*

- _____ Provide a designated protected area for food and utensil storage, including refrigerator/freezer and dry storage space.
- _____ Use of the food service establishment's utensil sink to wash utensils from the unit and from food prep.
- _____ Provide an approved potable water supply and properly functioning wastewater disposal system.

Signature of Commissary Owner/Operator: _____ Date: _____