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: __________________