



ALAMANCE COUNTY Health Department

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PUSHCART PLAN REVIEW APPLICATION

The North Carolina Rules Governing the Protection and Sanitation of Food Establishments (15A NCAC 18A .2600) require that plans drawn to scale for food service operations shall be submitted for review and approval by the local Health Department. Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation. Provide an accurate menu of the items to be prepared and served from this pushcart. Pictures of an existing unit are helpful and should be submitted with this information.

Type of Construction: _____ NEW _____ CHANGE OF OWNERSHIP

Business Name: _____

Name of Old Business (if change of ownership): _____

Owner's Name: _____

Owner's Address: _____

City & State: _____ Zip Code: _____

Phone: _____ Owner's email: _____

Proposed Operating Location(s) for Pushcart including the day of the week and hours of operation:

Location	Days of Operation	Times
_____	_____	_____
_____	_____	_____
_____	_____	_____

****This list must be kept current and accurate at all times if the permit is to remain active and valid.****

State law requires that each pushcart operate in conjunction with a permitted restaurant and return to that restaurant every day that the unit operates. You will need to provide the following information for the restaurant you propose to operate in conjunction with.

Name of Restaurant: _____

Mailing Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ Email: _____

Contact Person: _____ Title: _____



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PUSHCART INFORMATION:

Manufacturer: _____

Model: _____

Location and description of protected storage location for pushcart when not in use:

List all food service equipment and attach manufacturers' specifications sheets (list only where applies):

1. Cooking equipment (grills)

2. Hot holding equipment

Besides hotdogs and sausages, what other foods do you intend to serve off the pushcart?

NOTE: Foods which have been prepared, pre-portioned, and individually wrapped at a restaurant or commissary may be served from a pushcart. Each pre-wrapped food item shall bear the name of the restaurant or commissary at which it was prepared, the name of the food item, and the time and date of expiration. The procedure for this must be pre-approved by the department.

Do you plan on using ice to keep cold foods at 41°F or less? Where will you get the ice from and how do you intend to store it while at the work site?

Identify how you will protect the pushcart from overhead contamination:

_____ Umbrella _____ Tent _____ Permanent Structure

_____ Other (Please explain): _____



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WATER SUPPLY- SEWAGE DISPOSAL (if applicable)

Storage Capacity of Fresh Water Tank: _____ (gallons)

Storage Capacity of Waste Water Tank: _____ (gallons)

Water heater storage capacity: _____ gallons and total power input _____ BTU or _____ kW.

DISHWASHING FACILITIES (if applicable)

Number of sink compartments: _____

Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

Length of drainboards (inches): Right: _____ Left: _____

Method of sanitizing to be used?

Chlorine _____ Iodine _____ QAC _____

STATEMENT: I hereby certify that the information provided within this application is accurate. I understand that:

- any deviation or variance from the information contained in this application may void the operation permit for the unit,
- multiple inspections of the unit may be required,
- if the unit is not in compliance with Rules Governing the Protection and Sanitation of Food Establishments 15A NCAC 18A .2600, the operation permit will not be issued or may be revoked, and
- approval of these plans and issuance of a permit does not relieve me of the obligation to comply with other applicable code, law, or regulation imposed by other jurisdictions.

Applicant Signature: _____ Date: _____



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