HARNET COUNTY COMMISSARY FORM PUSHCART/MOBILE FOOD UNIT

T USHCHILI/MIO		**Commissary will not
To be Completed by pushcart/mobile foo	od unit operator	be evaluated without
	•	entire form completed
New Application/New Commissary		including menu/food
Change of Commissary		preparation details **
Pushcart Name:		
Mobile Food Unit Name:		
Applicant Name:	Phone Number: Zip code:	
Address:	City:	Zip code:
Email Address:		
Menu and food preparation processes for all e (additional sheets can be attached)		

To be Completed by restaurant permittee or operator

**The commissary must have at least one shelf in a refrigerator, freezer, and dry storage area for your use. These areas must be labeled, clean, and free of restaurant storage. Evaluation will be delayed if this task is incomplete.

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Push Cart named above. I understand that as a commissary for the Mobile Food Unit or Push Cart, I must allow the Mobile Food Unit or Push Cart to return for servicing on a daily basis. I agree to allow the following:

Check	all that apply:					
(Required for mobile food unit only) Provide an exterior wastewater collection system by gravity flow as approved by the health inspector (REHS). Removal of manhole cover is not acceptable.						
	(Required for mobile food unit only) Provide an exterior protected connection to the potable water supply with backflow preventer as approved by the health inspector (REHS).					
	(Required for mobile food unit and pushcart) Use of designated refrigerated and dry storage area for food or utensil storage. I will label those designated spaces for the unit's exclusive use.					
	(Required for mobile food unit and pushcart) Use of the restaurant utensil sink to wash utensils used on the unit.					
(Required for mobile food unit and pushcart) Use of the following foodservice equipment: Vegetable/fruit sink* Meat/poultry sink* Seafood sink* *if present in commissary Walk in cooler Preparation tables Cooking equipment						
	Required for mobile food un	uit and pushcart)	Fimes that mobile food unit/γ	oushcart operator will have access to		
-	commissary (non-peak hou	irs only)				
	Mon	Tues	Wed	Sun		
	Thurs	_ Fri	Sat	Sun		
Propose	ed Commissary:					
Address	S:		City:	Zip Code:		
Phone 1	Number:					
Name o	of Restaurant Permittee (P	rint):				
	•	,				
Sig	nature of Restaurant Pe	rmittee or Oper	ator	Date		
Env	rnett County vironmental Services –	A	aved Dy (DEUC)	Date		
Off	Office Use Only Approved By (REHS)		oved by (KEIIS)	Date		