

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 unit and pushcart) Times that mobile food unit/pushcart operator will have access to commissary (non-peak hours only)
Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____ Sun _____

Proposed Commissary: _____
Address: _____ City: _____ Zip Code: _____
Phone Number: _____
Name of Restaurant Permittee (Print): _____

Signature of Restaurant Permittee or Operator **Date**

Harnett County Environmental Services Office Use Only	_____ Approved By (REHS)	_____ Date
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