



Mecklenburg County Health Department Mobile Food Unit/Pushcart Route Update Form

Name of Cart: _____ Unit No.: _____

Owner's Name (may be a corporation, partnership, or individual): _____

Commissary/Base Restaurant Name: _____

Commissary/Base Restaurant Address: _____

Commissary/Base Restaurant City, State, and Zip: _____

Contact Person (individual): _____

Contact's Mailing Address: _____

Contact's City, State, and Zip: _____

Contact's Phone: _____ Email: _____

Type of Facility: Mobile Food Unit Pushcart

Requirements for pushcarts and mobile food units found in 15A NCAC 18A .2600 "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments stipulate in part that:

- The permit issued for operation of the pushcart or mobile food unit shall be posted on the unit.
- The local health department which issues the permit for a pushcart or mobile food unit shall be provided by individuals receiving a permit a list of counties and locations where each unit will operate.
- Individuals receiving a permit to operate a pushcart or mobile food unit shall provide the local health department in each county in which food service operations are proposed a list of locations where they will operate. Such lists must be kept current.
- Prior to initiating food service operations in a particular jurisdiction, the operator of the pushcart or mobile food unit shall submit to that particular jurisdiction such carts or units for inspection or reinspections to determine compliance with the rules.
- Pushcarts or mobile food units shall operate in conjunction with a permitted restaurant or commissary and shall report at least daily to the restaurant or commissary for supplies, cleaning, and servicing.

Failure to follow the above regulations can result in your permit being suspended.

Vending Route (Specific days, times, and locations of operation):
(i.e. Saturdays – 10am-3pm – Hal Marshall parking lot, 700 N. Tryon St)

Time of reporting back to commissary: _____

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____ Title: _____

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