



# GRANVILLE VANCE

public health

Lisa Macon Harrison  
Health Director  
BSPH | MPH

## COMMISSARY FORM PUSHCART/MOBILE FOOD UNIT

### ***To be completed by the pushcart/mobile food unit operator:***

Check one:

- ☐ New Application/New Commissary (must submit service request form also)  
☐ Change of Commissary (PUC/MFU SIPS # 04092\_\_\_\_\_)

Check one:

- ☐ Pushcart Name: \_\_\_\_\_  
☐ Mobile Food Unit Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### ***To be completed by the restaurant permittee or operator:***

**As the permittee or operator of the restaurant facility noted below, 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 Push Cart to return for servicing on a daily basis. I agree to allow the following: (Please check all that apply).**

\_\_\_\_\_ (Applies to a 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.

\_\_\_\_\_ (Applies to a mobile food unit only) Provide an *exterior* protected connection to the potable water supply as approved by the health inspector (REHS).

\_\_\_\_\_ (Applies to a mobile food unit and pushcart) Use designated refrigerated or dry storage area for food or utensil storage. I will label those designated spaces for the unit's exclusive use.

\_\_\_\_\_ (Applies to a mobile food unit and pushcart) Use of the restaurant utensil sink to wash utensils used on the unit.

*Your Environment. Your Community. Your Health.*

**Granville County**  
1028 College Street  
Oxford, NC 27565  
919.693.2141

Granville Vance Public Health  
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115 & 125 Charles Rollins Road  
Henderson, NC 27536  
252.492.7915



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Name of Restaurant Serving as Commissary: \_\_\_\_\_

Restaurant Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Restaurant Phone Number: \_\_\_\_\_

Name of Restaurant Permittee (Print): \_\_\_\_\_

Signature of Restaurant Permittee or Operator \_\_\_\_\_ Date \_\_\_\_\_

(Office Use Only) Commissary: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved (give reason) \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

REHS Signature

Date

☐

REHS called applicant

☐

REHS updated DHD

☐

REHS returned form to support staff

Reference Service Request F#: \_\_\_\_\_

Commissary SIPS ID# 04092 \_\_\_\_\_

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