



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
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Gaston County Environmental Health Commissary Letter for Mobile Food Unit/Pushcart

The “Rules Governing The Sanitation of Restaurants and Other Food-handling Establishments” NCAC T15A.18A.2638 (f) requires that “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...solid waste storage and liquid waste disposal facilities must also be provided on the restaurant or commissary premises.”

This letter shall serve as notice to Gaston County Department of Health and Human Services’ (DHHS) Department of Environmental Health that _____

(Mobile Food Unit/Pushcart Operator)

will be operating a Mobile Food Unit/Pushcart in conjunction with my restaurant

_____, located at _____

(Name of Restaurant)

(Address of Restaurant)

- By my signature (noted below), I certify that I have the legal authority to accept this responsibility on behalf of the restaurant listed herein.
- By my signature, I certify that I understand that this restaurant’s name will appear on the permit issued by Gaston County DHHS as required.
- By my signature, I acknowledge that this Mobile Food Unit/Pushcart is required to return to this restaurant at least once each day that the Mobile Food Unit/Pushcart is operating for cleaning, servicing, and supplies. I realize that utensils and equipment may need to be washed in the utensil-washing sink in my restaurant. I realized that the trash, garbage, and wastewater generated in the operation of this Mobile Food Unit/Pushcart must be disposed of properly at my restaurant. I also realize that this unit must have access to the restaurant water supply, and will have to fill the fresh water tank from the supply system at this restaurant.
- By my signature, I also certify that I am willing to take on this additional responsibility and that I believe the restaurant can support this operation in a manner prescribed by law and rule with little or no negative effect on the normal operation of this restaurant. If at some point in the future I decide to rescind this document, I agree to notify the operator and Gaston County DHHS immediately upon making that decision.

(Restaurant Operator’s Signature)

(Mobile Food Unit/Pushcart Operator Signature)

(Restaurant ID#)

(Name of Mobile Food Unit/Pushcart)

(Restaurant Name)

(Mobile Food Unit/Pushcart Address)

(Restaurant Phone #)

(Mobile Food Unit/Pushcart Operator Phone #)

(Restaurant email)

(Mobile Food Unit/Pushcart Operator email)

Gaston County Environmental Health Representative

Date Permit Issued

Mobile Food Unit/Pushcart ID Number