



DURHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

As the owner or manager of the food service facility listed below, it is my intention to allow this facility to serve as the commissary for the push cart or mobile food unit identified below. I understand that as a commissary for the push cart or mobile food unit, I must allow the push cart or mobile food unit to return for servicing on a daily basis. I understand that servicing the unit may include any or all of the servicing requirements listed below.

- *Use of the restaurant utensil sink for the washing of push cart or mobile food unit utensils*
- *Providing refrigeration space for the storage of potentially hazardous foods such as wieners, cole slaw, hamburger patties, etc.*
- *Providing dry storage for utensils, paper products, etc.*
- *Providing a proper connection to the restaurant's water supply for filling the fresh water tank*
- *Providing a suitable facility for disposing of waste water from the mobile food unit holding tank*

Check One: Push Cart Mobile Food Unit

Name and address of push cart or mobile food unit operator:

Phone number of push cart or mobile food unit operator: (_____)

Name and address of restaurant: _____

Signature of restaurant owner/manager: _____

Print Name _____ Date ____/____/____

(8/2000)