



**PUSHCART AND MOBILE FOOD UNIT
COMMISSARY AGREEMENT**

Brunswick County Health Services, Environmental Health Section
25 Courthouse Drive NE ▪ P. O. Box 9 ▪ Bolivia, NC 28422
(910)253-2150

Email: flplans@brunswickcountync.gov

COMMISSARY

Establishment Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Owner/Contact: _____

Phone: _____ **Email:** _____

I agree to allow this food service establishment to serve as a commissary for the pushcart/mobile food unit listed below. The following facilities within this establishment will be available for operation and servicing of the mobile food unit/pushcart:

- | | |
|--|---|
| <input type="checkbox"/> Fresh Water Supply | <input type="checkbox"/> Freezer Storage Space |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Dry Storage Space |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Dish Storage Space |
| <input type="checkbox"/> Oil Disposal/Recycle | <input type="checkbox"/> Ware Washing Equipment |
| <input type="checkbox"/> Food Prep Sinks (Washing, Thawing, Cooling) | <input type="checkbox"/> Chemical Storage Space |
| <input type="checkbox"/> Refrigerated Storage Space | <input type="checkbox"/> Use of Cooking Equipment |

These facilities are available for use by the pushcart/mobile food unit operator at the following times:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Owner/Operator Name (Print): _____

Signature: _____

Date: _____

PUSHCART/MOBILE FOOD UNIT

Establishment Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Owner/Operator Name (Print): _____

Signature: _____

Date: _____