



**Curtis Hopper, R.S.**  
**Administrator**

# Gaston County Environmental Health

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## **COMMISSARY FORM**

**As the permittee or operator of the restaurant facility noted below, it is my intention to allow this facility to serve as a commissary for the Mobile Food Unit or Push Cart noted below. I understand that as a commissary for the Mobile Food Unit or Push Cart, I must allow the Mobile Food Unit or Push Cart to return for servicing on a daily basis. I understand that servicing the unit may include any and all of the servicing requirements noted below.**

\_\_\_\_\_ USE OF THE RESTAURANT UTENSIL SINK FOR WASHING OF MOBILE FOOD UNIT OR PUSH CART UTENSILS

\_\_\_\_\_ PROVISION OF REFRIGERATED OR DRY STORAGE AREA FOR THE MOBILE FOOD UNIT OR PUSH CART FOOD OR UTENSIL ITEMS

\_\_\_\_\_ PROVISION OF A SUITABLE MEANS OF CONNECTION INTO THE POTABLE WATER SUPPLY AS APPROVED BY THE ENVIRONMENTAL HEALTH SPECIALIST (Mobile Food Unit Only)

\_\_\_\_\_ PROVISION OF A SUITABLE MEANS OF DISPOSAL OF WASTEWATER AS APPROVED BY THE ENVIRONMENTAL HEALTH SPECIALIST (Mobile Food Unit Only)

\_\_\_\_\_  
Name of Mobile Unit or Pushcart \_\_\_\_\_

Operator Name \_\_\_\_\_

Operator Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Restaurant Serving as Commissary: Restaurant Phone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Restaurant Permittee

\_\_\_\_\_  
Print Name of Restaurant Permittee

\_\_\_\_\_  
Date

**(Office Use Only)**

Commissary: \_\_\_ Approved \_\_\_ Disapproved (Give Reason) \_\_\_\_\_

By \_\_\_\_\_  
EHS Name Date

Reference Service Request #: \_\_\_\_\_ (Return Approved Commissary Form to Support Staff)  
(File Disapproved Form in Commissary File)