



**Union County Public Health Division**

Environmental Health Section

500 N. Main St. Suite 47

Monroe, NC 28112

UCinspections@unioncountync.gov

**APPLICATION REQUEST**

**APPLICATION TYPE:**

- NEW FOOD SERVICE ESTABLISHMENT (\$250) - Complete Plan Review application
- MOBILE FOOD UNIT / PUSH CART (\$150) - Complete Plan Review application.
- LIMITED FOOD SERVICE - (Concession Stands / Lodging) (\$75) - Submit menu.
- EVENT ORGANIZER APPLICATION
- TEMPORARY FOOD ESTABLISHMENT (\$75) - Submit menu. **Name of EVENT:** \_\_\_\_\_
- NEW SWIMMING POOL (\$250) - Submit plans and specification sheets.
- SWIMMING POOL OPERATION PERMIT (\$275) – Submit State Application for Public Swimming Pool Operation Permit, and Pool Drain Safety Compliance Data Form. **Number of Pools** \_\_\_\_\_ **X \$275 =** \_\_\_\_\_
- LODGING - Submit plans and menu.
- RESIDENTIAL CARE - Inspection request.
- HOSPITAL, NURSING HOME AND OTHER INSTITUTIONS **Circle applicable Establishment**
  - Hospital
  - Adult Day Care
  - Local Confinement
  - Nursing Home
  - School
- CHILD CARE CENTER - Complete Plan Review application
- TATTOOS (\$200) Complete NC application for Tattooing Permit
- CAMPS Complete Plan Review application

**Additional information may be requested.**

**BUSINESS AND CONTACT INFORMATION**

Establishment Name: \_\_\_\_\_

Current Establishment Name (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ESTABLISHMENT OWNER:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**DESIGNER/CONTRACTOR/OPERATOR:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CONTACT PERSON FOR PLAN STATUS NOTIFICATION:**

Contact Person: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ESTABLISHMENT INFORMATION**

Projected Start Date: \_\_\_\_\_ Projected Date for Completion: \_\_\_\_\_

OR Dates of Operation: \_\_\_\_\_

**SEWER:**  YES  NO **PUBLIC WATER:**  YES  NO

**Provide documentation that Establishment is on Public Sewer and/or Public Water**

**Occupancy:**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. **I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules.** I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title Here: \_\_\_\_\_



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**MOBILE FOOD UNIT / PUSH CART APPLICATION**

**Unit Information**

MFU/PC Name: \_\_\_\_\_

Where will unit be stored? : \_\_\_\_\_

Description of construction materials used on unit.	List of all equipment	Manufacture/Model
Floors	Cooking equipment	
Walls	Refrigeration	
Ceilings	Hot holding equipment	
Countertops	Equipment sink(s)	
Lights Shielded	Prep tables	

Where will supplies be stored?	Restaurant or on Unit	Submit:
Sanitizers, Soap, Cleaners		<input type="checkbox"/> Menu <input type="checkbox"/> Floor Plan
Single Use Towels, Single Use Items		
Condiments, Pre-packaged foods		
Cooking Utensils		
Cooking Oils		

**SCHEDULE**

Day of Week	Time	Location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

STATEMENT: I hereby certify that the above information is complete and accurate. I understand that any changes to my operation must be submitted to the Union County Health Department for review and approval.

\_\_\_\_\_  
Print Name Signature Date

**Commissary Agreement**

I \_\_\_\_\_, of \_\_\_\_\_ located at \_\_\_\_\_

(Owner)

(Restaurant Commissary Name)

\_\_\_\_\_ hereby authorize

(Address of Establishment)

\_\_\_\_\_ doing business as

(Name of PC/MFU Operator)

(Business Name/Mobile Food Unit Name)

to operate a pushcart/mobile food unit in conjunction with my facility. I understand the applicable regulations require the unit report daily to my restaurant for supplies, cleaning, and servicing, including replenishing of any on-board water supply and disposal of all solid and liquid wastes. I agree to allow all supplies for the unit to be stored on my premises and understand that the Union County Health Department does not permit supplies for such facilities to be stored in any private residence. I understand that any sanitation deficiencies resulting at my restaurant, even if directly or indirectly related to the operation of the pushcart/mobile food unit, will be reflected in the sanitation grade of my restaurant. This agreement shall remain in effect as long as I am the restaurant owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health Division of the Union County Health Department in writing. I agree to notify both parties in writing should this approval be rescinded.

Signature: \_\_\_\_\_  
(Owner of Restaurant/Commissary)