

NOTICE TO MOBILE FOOD OPERATOR

COMMISSARY AND VEHICLE STORAGE REQUIREMENTS  
FOR ALL MOBILE FOOD UNITS

This department has been increasingly made aware that many Mobile Food Units are operating out of their private residences, a violation of New York State Sanitary Code Part 14, Subpart 14-4.

Therefore, all Mobile Food Unit operators are advised of the following:

1. Pursuant to New York State Sanitary Code, Subpart 14-4.95, paragraph b and 14-4.31, paragraph b, all Mobile Food Units must obtain all food supplies from a commissary. A commissary being defined as an establishment operated under license or permit of an appropriate regulatory authority where food is manufactured, stored, prepared, portioned or packaged of any combination of these, where such food is intended for consumption elsewhere.

It is also the place which is used as the base of operations for one or more mobile food service vehicles or pushcarts, where such units are serviced, cleaned, supplied and maintained and where equipment, utensils and facilities are serviced, cleaned and sanitized.

A commissary under the jurisdiction of the Westchester County Health Department must be permitted as such.

2. Per Subpart 14-4.95, paragraph a, Mobile Food Units are to be serviced only at a commissary as described above at a frequency necessary to maintain the sanitary conditions of the mobile unit or pushcart, and in any event at least daily for pushcarts and every 72 hours for Mobile Food Units.

Mobile Food Unit and pushcart operators are advised that all foods are to be obtained from and all vehicles are to be serviced at an approved commissary.

Failure to do so and or your failure to comply with the above, may result in the suspension of your permit or denial of you being issued a permit by this Department to operate a Mobile Food Unit.

# Mobile Food Unit Categories

## **Pushcarts: Hotdogs only**

- Vehicle requirements – Camper sink or handi-wipes, sanitizing solution.
- Food to be purchased daily from approved source. Leftovers to be discarded.

## **Ice Cream Vehicle or Vehicle Dispensing ALL Commercially Prepared and Purchased Foods:**

- Vehicle requirements – Camper sink or handi-wipes, sanitizer.
- Food to be obtained and stored at a commissary.

## **California Style Vehicle**

- Vehicle requirements – Camper sink or handi-wipes, sanitizing solution.
- Commissary – foods to be obtained and stored at a commissary.

## **Hot Dog Trucks**

- Single compartment sink – minimum 15 gallon potable water supply. Hot and cold water to sink. Waste holding tank 15% greater than supply tank. Sanitizing solution on vehicle. Ice refrigeration acceptable.
- Commissary – food to be obtained and stored at commissary. Equipment to be cleaned and sanitized at 3 compartment sink of commissary.

## **MFU Serving Potentially Hazardous Food beyond Hot Dogs (Hamburger, Eggs, etc.)**

- Vehicle requirements – grill or range, hood and vent for same. Forty (40) gallon water supply. Waste tank 15% larger than supply tank. Hot and cold water to 3 compartment sink. Mechanical refrigeration.
- Commissary – for storage of food, washing and sanitizing of utensils.

WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH PROTECTION

TO BE COMPLETED FOR EACH MOBILE UNIT (VEHICLE)

MOBILE FOOD UNIT ROUTE

Name of Business: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_

Address of Commissary  
Or Service Depot: \_\_\_\_\_

<u>Location of Vehicle</u>	<u>Days at Location</u>	
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM
_____	_____	From: _____ AM To: _____ AM From: _____ PM To: _____ PM

Check months of year your establishment is in operation:

All Months: \_\_\_\_\_ Jan: \_\_\_\_\_ Feb: \_\_\_\_\_ Mar: \_\_\_\_\_ Apr: \_\_\_\_\_ May: \_\_\_\_\_ June: \_\_\_\_\_  
July: \_\_\_\_\_ Aug: \_\_\_\_\_ Sept: \_\_\_\_\_ Oct: \_\_\_\_\_ Nov: \_\_\_\_\_ Dec: \_\_\_\_\_

WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH PROTECTION

TO BE COMPLETED FOR EACH MOBILE FOOD UNIT (VEHICLE/PUSHCART)

Name of Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_  
(street) (city/state)

Telephone: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ Commercial Plates: \_\_\_\_\_ YES \_\_\_\_\_ NO

State Registration Number: \_\_\_\_\_

Name and Address of Commissary where vehicle is maintained and/or stored:

Commissary Permit Number: \_\_\_\_\_ Commissary Telephone: \_\_\_\_\_

Permitting Agency: \_\_\_\_\_ Last Inspection Date: \_\_\_\_\_

Name and Address of Commissary where foods vended on vehicle are obtained:

Commissary Permit Number: \_\_\_\_\_ Commissary Telephone: \_\_\_\_\_

Permitting Agency: \_\_\_\_\_

NOTE: All operators must comply with local municipality rules and regulations prior to applying for a permit from this department.