



WHATCOM COUNTY HEALTH DEPARTMENT

# GUIDELINES FOR PUSHCARTS

509 Girard Street  
Bellingham, WA 98225  
Telephone: 360-778-6000  
Fax: 360-778-6001

This packet will help you obtain a permit for a pushcart. Please take some time to review this packet before you purchase or begin building a pushcart. If you have questions after reviewing this packet, please contact our office at (360) 778-6000.

Your project may also require approval from other agencies. For example, some jurisdictions may require business licenses, sidewalk vendor licenses, or other permits and inspections. Be sure to contact the appropriate city, county, or state offices for information on other permits or inspections required.

## Minimum requirements for pushcarts are listed below:

- \* Pushcart menus are restricted to non-potentially hazardous foods, hot dogs, and espresso drinks. Other foods offered must be pre-packaged and must be obtained from approved sources.
- \* All Pushcarts must provide a valid **Commissary** or **Servicing Area** agreement.
- \* Pushcarts must return to the commissary or servicing area daily for servicing.
- \* A hand sink supplied with warm water (at least 100°F) plumbed through a mixing valve.
- \* At least 5 gallons of water for handwashing. If utensil washing is done on the cart then at least 10 gallons is required. Additional fresh water may be required.
- \* A waste water storage tank at least 15% larger than the fresh water tank.
- \* Commercial style refrigeration for pre-packaged milk and other potentially hazardous foods.
- \* Adequate dry storage for foods, utensils, and other necessary items.

## Pushcart applicants must complete and return the following to the health department:

- \* The **application packet** and \$331.00 application fee for plan review. Additional review time will be billed at \$126.00 per hour.
- \* A copy of your **menu**.
- \* The **method of preparation chart** showing how food items will be prepared.
- \* A **list of equipment**. Please include the make and model numbers, if known.
- \* A **scale drawing** of your cart (show all dimensions) that includes:
  - top view and side view (elevation) of cart--show location of all equipment;
  - a schematic of the fresh water and waste water systems;
  - the dimensions and volume of fresh and waste water tanks;
  - a list of finish materials for all areas of the cart;
  - a diagram of the cover or awning; and
  - diagrams and layout for all accessory equipment or work areas.
- \* A copy of your **commissary or servicing area agreement** for utensil cleaning, storage, fresh water supply, waste disposal, etc. A commissary agreement form is included in this packet.

Following review of this information by our staff, you will receive notice of either plan approval or of additional information required. **Changes to your plans may be required.** Do not proceed with construction or operation until you receive Health Department approval.

**Prior to opening for business you will need to:**

- \* Call our office to schedule an opening inspection at least **two working days** prior to opening.
- \* Pay for your annual operating permit and any outstanding plan review fees.



WHATCOM COUNTY HEALTH DEPARTMENT  
**FOOD ESTABLISHMENT PLAN  
 REVIEW APPLICATION**  
**FEE \$331.00**

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 www.whatcomcounty.us

New Facility

Remodel

Food Establishment Name \_\_\_\_\_

Food Establishment Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_ Facility Phone # \_\_\_\_\_

**Business Owner Information**

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

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Ownership:  Individual       Corporation  
 Partnership       LLC

If partnership, corporation or LLC, attach list of all partners or corporate officers as registered with the State of Washington.

**Plan Review Contact for Correspondence**  
 (If different from owner)

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Water Supply System Name \_\_\_\_\_  
 Specify Name of Public Water System (for example "City of \_\_\_\_") – non-public systems cannot be approved

Method of Sewage Disposal:       Sewer       On Site Septic (OSS) (Attach copy of current ROSS)

Parcel # / Geo ID #: \_\_\_\_\_

Projected Seating Capacity \_\_\_\_\_ Projected Number of Meals per Day \_\_\_\_\_

Days Open:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Weds	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Hours of Operation:							

Meals Served (Check all that apply):     Breakfast     Lunch     Dinner     Catering     Brunch

If you selected "Yes" for Catering, choose all that apply:     Full service (staffed events)       Take away platters  
 Catered events at this facility

If seasonal, operating dates and hours: \_\_\_\_\_

New Construction / Remodel: Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Do you own other food establishments in Whatcom County? If so, list \_\_\_\_\_

***Important: Please provide all materials requested at the time plans are submitted (see page 1 for list of required information). Failure to do so can result in delays to your project. Changes to your plans may be required. Do not proceed with construction until your project has been approved. I understand that, in consideration for the review of these materials by the Whatcom County Health Department, this application shall constitute a contract and a promise to pay all applicable fees as established by the Whatcom County Council.***

**Applicant Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only

Received By \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Receipt # \_\_\_\_\_



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# COMMISSARY AGREEMENT

A commissary means an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Whatcom County Health Department. Food code requires you to return to your commissary every day.

Persons wishing to operate at one of the following must submit this form for our review (check one):

- A mobile unit or push cart; or
- A temporary food establishment requiring off-site or advanced food preparation; or
- A temporary food establishment lasting two days or more; or
- A farmer's market food vendor or processor stand; or
- A catering business

**The owner or person in charge of the approved food establishment or commissary must complete the following information:**

**Commissary Owner Information**

**Commissary User information**

Facility Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Round trip mileage from commissary kitchen to service location and back: \_\_\_\_\_ Miles

Afterhours accessibility – key provided to commissary user?  Yes  No

Commissary tasks (*mark all that apply*):

- |   |  |
|---|--|
| <input type="checkbox"/> Cooking foods  | <input type="checkbox"/> Potable water re-supply |
| <input type="checkbox"/> Hot Holding foods  | <input type="checkbox"/> Wastewater disposal     |
| <input type="checkbox"/> Raw Meat/Seafood Prep  | <input type="checkbox"/> Cleaning of utensils    |
| <input type="checkbox"/> Vegetable / Ready to Eat Food Prep   | <input type="checkbox"/> Restroom Available      |
| <input type="checkbox"/> Other Food preparation ( trimming, assembly, re-portioning )   |  |
| <input type="checkbox"/> Dry Goods Food storage ( i.e. shelving for dry goods )   |  |
| <input type="checkbox"/> Refrigerated Food storage ( i.e. walk-in cooler, sandwich prep cooler )  |  |
| <input type="checkbox"/> Cooling of hot foods ( If yes, which method: <input type="checkbox"/> shallow pan or <input type="checkbox"/> ice bath ) |  |
| <input type="checkbox"/> Other: _____   |  |

I grant permission for \_\_\_\_\_ to use my facility for the tasks indicated above. This agreement is voided immediately if the commissary owner or user sells or closes his/her business. The commissary owner consents to inspection of the facility by the Whatcom County Health Department.

Commissary operator signature \_\_\_\_\_ Date \_\_\_\_\_

Commissary user signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ EHS: \_\_\_\_\_ PR: \_\_\_\_\_



CLASSIFICATION →	"R"	"M"	"F/P"	"G"
REQUIREMENTS ↓	Restaurant, caterer, snack bar, espresso, smokehouse, etc.: Preparation of ready-to-eat potentially hazardous foods.	Retail meat/seafood market, or meat/ seafood depts. in grocery stores.	Bulk foods, produce stands, and produce depts. in retail grocery stores.	Convenience stores selling only prepackaged foods and low risk unpackaged foods.
Food Service Permit	Food service permit required prior to operation.	SAME AS CLASS R	SAME AS CLASS R	Same as Class R
Health Cards	Required for owners, managers, and employees.	Required	Required	Required if unpackaged foods are served.
Hand washing Sink Locations	Separate sink with hot/cold water, mixing faucet located in food prep areas, bars, wait station(s) and restrooms. Hot water to sink in 15 seconds.	SAME AS CLASS R	SAME AS CLASS R	Required if unpackaged foods are served.
Cooking Equipment	Capable of heating food to 165°F in 2 hours or less.	NOT ALLOWED	NOT ALLOWED	For hot dogs and coffee only. Otherwise NOT ALLOWED.
Hot Holding Equipment	Capable of holding cooked foods above 140°F.	NOT ALLOWED	NOT ALLOWED	For hot dogs and coffee only. Otherwise NOT ALLOWED.
Refrigeration	Must be conveniently located. Amount and type depends on menu. Commercial style refrigeration is required in most cases. Must hold food at 41 F or below.	Same as Class R. Raw meats and seafood must be stored and displayed in areas separated from ready to eat foods.	Must hold potentially hazardous foods at 41°F or below.	All refrigeration units must keep potentially hazardous foods at 41°F or below.
Dishwashing and Cleanup Facilities	3-compartment sink equipped with drain boards. See Food Code 4-301.12 for exceptions. Sinks are stainless steel. Indirect waste may be required.	3-compartment sink with drain boards for cleaning knives, utensils, equipment parts, etc. Appropriate facilities to clean large equipment in place.	Access to a 2-compartment sink for utensil cleaning. Produce prep sink may not be used for utensil washing.	A 2-compartment sink is required if any unpackaged foods are served.
Food Preparation Sink	Required if ready to eat foods are washed before serving. Separate sink may be required for raw meat.	May be required for thawing and/or washing meat or seafood.	Required for produce stands and produce depts.	Required if produce preparation is done in the store.
Food Contact Surfaces, i.e., counter tops, cutting boards, equipment	Stainless steel, plastic, plastic laminate, or hard wood. Smooth, non-absorbent, easy to clean, non-toxic.	SAME AS CLASS R	SAME AS CLASS R	SAME AS CLASS R
Structural Requirements i.e., floors, walls, ceilings	<b>Floors:</b> sheet vinyl, tile, or smooth sealed concrete. <b>Walls:</b> smooth, non-absorbent, and easily cleanable. Plastic laminate, stainless steel or similar required in some areas. <b>Ceilings:</b> easily cleanable.	SAME AS CLASS R	Bulk food sections same as Class R Produce stands: Foods must be off of ground on cleanable surfaces and must be protected from contamination from above.	SAME AS CLASS R
Mop Sink	Required. Mop water <u>cannot be dumped</u> in a dishwashing sink, food sink or outside.	SAME AS CLASS R	SAME AS CLASS R	SAME AS CLASS R
Restroom Facilities	Required for employees. Required for patrons if seating is provided. Must have hand sink w/hot & cold running water and mixing faucet.	SAME AS CLASS R	SAME AS CLASS R	SAME AS CLASS R

