



# Buncombe County Department of Health

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Health Director

BUNCOMBE COUNTY DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH SERVICES  
30 VALLEY STREET  
ASHEVILLE, NC 28801

To Whom It May Concern:

This letter shall serve as a notice that \_\_\_\_\_

**PUSHCART/MOBILE FOOD UNIT OPERATOR**

Will be operating a pushcart unit in conjunction with the \_\_\_\_\_

Restaurant located at \_\_\_\_\_.

I certify by my signature below that I have the legal authorization to accept this responsibility for the restaurant listed above. I realize that the restaurant's name will appear on the permit to be issued by the Buncombe County Health Center. I realize **15A NCAC 18A .2600 The Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments** require that the pushcart must return to this restaurant at least once every day of operation for cleaning, servicing and supplies. I certify that this restaurant will be able to support this operation in the manner prescribed by law with little or no negative effects on normal operations.

\_\_\_\_\_  
**SIGNATURE** **DATE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**RESTAURANT**

\_\_\_\_\_  
**PUSHCART/MOBILE FOOD UNIT OPERAT.**

