

Mobile Food Unit Locations List

Note: A change in the locations listed must be submitted to the local health department at least 7 days prior to a change in location.

Name of Mobile Unit: _____

MFU License #: _____

Site Location Business Name	Location Address	Active Day(s)	Hours	Address of the nearest restroom available to mobile unit employees*
<i>Example: ABC Gas Station</i>	<i>123 Main St.</i>	<i>M - Sun</i>	<i>9a-3p, 5p-11p</i>	<i>123 Main St Gas station</i>

Select the types of services planned for the mobile unit: *(check all that apply)*

☐ Catering

☐ Farmers Market

☐ Private Lot

☐ Public Area

☐ Events – Public

☐ Late Night

☐ Early Morning

☐ Other _____

***Effective April 16th 2025, the Indiana food code requires that convenient access to a restroom be provided to all employees of the mobile unit during operating hours, 410 IAC 7-26 Section 488. This rule does not include mobile units serving at registered public events. For the purpose of this rule, a porta-potty does not satisfy the requirements of this section.**

I attest that the mobile unit listed above will operate at the above-mentioned location(s) and that I will provide written notice at least 7 days prior to a change in location.

Name _____

Title _____

Signature _____

Date Signed _____