

1

MOBILE FOOD UNIT APPLICATION

The following items must be submitted for your plan to be reviewed or to obtain a license.

□ Completed Mobile Food Unit application and questionnaire

- Completed Commissary Agreement
- □ Completed MFU Operator Attestation form
- □ Copy of proposed menu and beverage items
- □ Floor plan of all equipment (see example in requirements)
- □ Plumbing diagram, including location and sizes of fresh and wastewater tanks
- □ Copy of Retail Merchant Certificate
- □ Picture of exterior of mobile unit

Name of Mobile Food Unit (DBA):					
Name of Business on Retail Merchant Certificate:					
Owner/Applicant:					
Mailing Address:					
City/State:		Zip Cod	e:		
Phone Number:	E-ma	iil:			
Commissary Information – MFUs must have a licensed commissary (Sections 16 and 113 of 410 IAC 7-24). Name:Food License #					
	City/State:				
Application Type – Check all that apply: New Application Change of Ownership					
	Previous MFU Name		Previous MFU License #		
Mobile Unit Type – Check one: Food Truck/Trailer Hot Dog Cart Ice Cream Truck Prepackaged Ice Cream Cart/Truck Mobile Food Unit Vehicle Description					
Vehicle Identification # (VIN)	License Plate # Colo	or Make	Model		
FOR OFFICE PERSONNEL USE ONLY (circle if missing)					
MFU App C/A		Floor Plan	Plumbing		
	nplete Application	□ Ready for F	Review		

Revised 03/07/2024



MOBILE FOOD UNIT QUESTIONNAIRE

1.	Will you be selling ONLY pre-packaged foods? circle one: NO (go to question 2) YES (skip to page 3)				
2.	How and where will you obtain potable water?				
3.	What are the water tank sizes? freshwater tank wastewater tank				
4.	How will you provide water under pressure?				
5.	If operating when outside temperatures measure 32 degrees F or below, how will you prevent water tanks from freezing?				
6.	How will you maintain potentially hazardous foods below 41 deg F or above 135 deg F? Explain				
7.	How and where will you dispose of wastewater and garbage?				
8.	Will you be catering from the mobile food unit? If so, explain				
9.	Who is responsible for training employees about foodborne illness and employee health?				
10.	What food preparation and cooking will take place at commissary?				
11.	How will you obtain access to the commissary?				
12.	What food preparation will take place on the mobile unit?				
13.	What will you do with leftover food at end of the day?				
14.	14. Where will ice be obtained from?				
Please use the additional space below to provide any additional information regarding your mobile food operations.					
Sigi	nature of Applicant/OperatorDate				
	Licensing Fees:				

An invoice will be provided after the successful completion of the pre-licensing inspection. Fees are payable by cash, check or money order payable to Health and Hospital Corporation.



COMMISSARY/COMMERCIAL KITCHEN/SHARED KITCHEN AGREEMENT

The Commissary/Commercial Kitchen Agreement allows the named vendor access to the commissary and its facilities during days of operation. MCPHD may contact commissary to verify vendor usage and agreement. This commissary agreement is valid for the current calendar year only.

ddress:		
Street	City	y/State Zip Code
Commissary Authorized Indiv	vidual: Commissary Food	License #
Name	<u></u>	Title/Position
	OMMISSARY/COMMERCIAL KITCHEN, red and signed only by the duly authorize of the licensed franchise/corporatio	ed owner, manager, or representative
,		do hereby grant permission for
Name	Title/Position	
		to use
Mol	bile Food Operator/Shared Kitchen User	
	facilities at a	
Commissary/Commercial Ki		ny time to perform the following:
(check all that apply):	itchen/Shared Kitchen	
(check all that apply): □ Food preparation	itchen/Shared Kitchen	□ Dumping wastewater
(check all that apply): □ Food preparation □ Food storage	itchen/Shared Kitchen □ Equipment storage □ Ware-washing	 Dumping wastewater Chemical/supply
(check all that apply): □ Food preparation	itchen/Shared Kitchen	□ Dumping wastewater
(check all that apply): □ Food preparation □ Food storage (cooler/freezer)	itchen/Shared Kitchen □ Equipment storage □ Ware-washing equipment and utensils	 Dumping wastewater Chemical/supply Trash disposal
(check all that apply): ☐ Food preparation ☐ Food storage (cooler/freezer) ☐ Dry food storage ☐ Ice production	itchen/Shared Kitchen	 Dumping wastewater Chemical/supply Trash disposal Used cooking oil disposal Other services



Department of Food and Consumer Safety 4701 N. Keystone Avenue Suite 500 ♦ Indianapolis, IN 46205 Phone: 317-221-2222 (Option 1) Email: <u>Foodsafe@marionhealth.org</u>

MOBILE FOOD UNIT OWNER/OPERATOR ATTESTATION

As a licensed mobile food unit owner/operator, I agree to the following requirements as stated in the Indiana Retail Food Establishment Sanitation Requirements, 410 IAC 7-24.

Commissary Usage

Initial

I will return the mobile unit to the commissary following each day of operation.
410 IAC 7-24-113

_____I will use approved commissary to obtain fresh water and dispose of wastewater. 410 IAC 7-24-373

- _____I will use an approved commissary for overnight storage of potentially hazardous foods. 410 IAC 7-24-16
- _____I will obtain approval from Food & Consumer Safety Department before changing commissaries.

_____I will conduct complex food preparation at the approved commissary.

Mobile Unit Procedures

Initial

_____I will maintain hot and cold water under pressure on mobile unit while operating. 410 IAC 7-24-330, 7-24- 329, 7-24-324

- _____I will maintain potentially hazardous foods at proper temperatures. 410 IAC 7-24-187
- _____I will maintain a sufficient power source while operating the mobile unit.
- _____I will provide adequate mechanical refrigeration/hot holding as it relates to menu. 410 IAC 7-24-259, 410 IAC 7-24-187
- _____I will serve food only at point of sale/through the service window.
- _____My menu may be limited based on equipment and/or commissary access. 410 IAC 7-24-110

I understand that failure to comply with these regulations may result in license suspension, legal action, citation and/or civil penalties.

Printed name of Mobile Food Unit Owner/Operator

Name of Mobile Food Unit

Signature

Date