

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. Where will ice be obtained from? _____

Please use the additional space below to provide any additional information regarding your mobile food operations. _____

Signature of Applicant/Operator _____ Date _____

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.**

Name of commissary: _____		
Address: _____		
Street	City/State	Zip Code
Commissary Authorized Individual: _____	Commissary Food License # _____	
Name	Title/Position	

STATEMENT OF COMMISSARY/COMMERCIAL KITCHEN/SHARED KITCHEN AGREEMENT

This agreement is to be completed and signed only by the duly authorized owner, manager, or representative of the licensed franchise/corporation.

I, _____ do hereby grant permission for
Name Title/Position
 _____ to use
Mobile Food Operator/Shared Kitchen User

_____ facilities at any time to perform the following:
Commissary/Commercial Kitchen/Shared Kitchen

(check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Equipment storage | <input type="checkbox"/> Dumping wastewater |
| <input type="checkbox"/> Food storage
(cooler/freezer) | <input type="checkbox"/> Ware-washing
equipment and utensils | <input type="checkbox"/> Chemical/supply |
| <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Vehicle/cart storage | <input type="checkbox"/> Trash disposal |
| <input type="checkbox"/> Ice production | <input type="checkbox"/> Filling of water tanks | <input type="checkbox"/> Used cooking oil disposal |
| | | <input type="checkbox"/> Other services |

Signature of Authorized Individual of Commissary/Commercial Kitchen/Shared Kitchen

Date Signed

Signature of Mobile Food Operator/Shared Kitchen User

Date Signed

Failure to report to the commissary at least once each day of operation may result in a civil penalties & license suspension. 410 IAC 7-24-10, 410 IAC 7-24-16, 410 IAC 7-24-79, 410 IAC 7-24-113.

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