

**SECONDARY OPERATOR LICENSE**  
Inside an Existing Facility

**Submit the Following Documents for Review:**

- ☐ Secondary Operator's License Application Form
- ☐ Registered Retail Merchant Certificate
- ☐ Proposed menu and food vendors
- ☐ Commissary/Commercial Kitchen Agreement Form
- ☐ Standard Operating Procedures (temperature monitoring, catering, transportation, etc.)

***Secondary Operator Information***

1. Business Name \_\_\_\_\_
2. Business Address (of intended operation) \_\_\_\_\_  
\_\_\_\_\_
3. License # of Existing Establishment: \_\_\_\_\_
4. Secondary Operator/Owner Full Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- Owner's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Operational Information***

5. Days/Hours of Operation \_\_\_\_\_  
**NOTE:** Days/hours of operation should not conflict with the already existing and licensed business.
6. Where do you intend to sell your food items? \_\_\_\_\_
7. Use this area to provide any additional information regarding your operation (optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you need assistance or have questions about this application, please contact Katie Davis at [kdavis@marionhealth.org](mailto:kdavis@marionhealth.org).*

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

### COMMISSARY/COMMERCIAL KITCHEN AGREEMENT

This agreement allows the vendor access to the commissary and its facilities at any time.  
This commissary agreement is valid for the current calendar year only. MCPHD may contact  
commissary to verify vendor usage and contract agreement.

Date \_\_\_\_\_

*This form is to be filled out and signed by the owner/manager of the commissary.*

I, \_\_\_\_\_ of \_\_\_\_\_  
(Owner/Manager) (Licensed Food Establishment)

Located at \_\_\_\_\_  
(Address of Establishment) (County) (State)

Do hereby give my permission to \_\_\_\_\_  
(Food Vendor)

**To use my kitchen facilities to perform the following (check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Food Preparation                 | <input type="checkbox"/> Equipment storage                      | <input type="checkbox"/> Dumping wastewater           |
| <input type="checkbox"/> Food Storage<br>(cooler/freezer) | <input type="checkbox"/> Ware-washing equipment<br>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<br>disposal |
|   |   | <input type="checkbox"/> Other<br>services _____      |

Signature of Commissary/Commercial Kitchen Owner/Manager: \_\_\_\_\_

**Note to vendors: Failure to report to the commissary at least once daily during days of operation may result in a civil penalty & license suspension. 410 IAC 7-24-10, 410 IAC 7-24-16, 410 IAC 7-24-79, 410 IAC 7-24-113.**

Signature of Vendor \_\_\_\_\_

Name of Business \_\_\_\_\_