



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

**The following items must be submitted for the application to be accepted.**

- Name of Mobile Food Unit (DBA): \_\_\_\_\_
- Name of Business (LLC, INC etc.): \_\_\_\_\_
- Name of Owner: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Food License # \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Commissary Owner: \_\_\_\_\_ Phone or e-mail: \_\_\_\_\_

☐ New Application

☐ Change of Ownership \_\_\_\_\_ Previous Name of the Mobile Unit \_\_\_\_\_ Previous License # \_\_\_\_\_

☐ Food Truck    ☐ Food Trailer    ☐ Hot Dog Cart    ☐ Prepackaged Only    ☐ Other:

Mobile Food Unit Vehicle Description: (refer to the mobile unit's DMV Vehicle Registration)				
VIN#	MAKE	MODEL	COLOR	LICENSE PLATE #

## MOBILE FOOD UNIT QUESTIONNAIRE

1. **Does your operation include only commercially prepared & pre-packaged foods?**  
(e.g., single portion, prepackaged, commercially processed novelty ice cream bars labeled for individual sale)  
Circle one: **Yes** (skip to page 3) **No** (proceed to question 2)
2. **Does your menu require ice as an ingredient?** (circle one) **Yes** or **No**
3. **Provide the size in gallons for the following:** Freshwater tank \_\_\_\_\_ Wastewater tank \_\_\_\_\_
4. **How do you plan to operate the mobile unit?** (examples: events, private lot, catering, farmers markets etc.)  
\_\_\_\_\_
5. **Provide the address where the mobile unit will be stored when not in use:** (Indianapolis ordinance does not allow for commercial vehicles to be stored in residential areas.)  
\_\_\_\_\_
6. **Proposed schedule of operation:** (example: M – Sat 12pm – 6pm - indicate whether operation is year-round or seasonal)  
\_\_\_\_\_
  - a. **Is the proposed commissary accessible during these hours?** (circle one) **Yes** or **No**
7. **List the address(s) where you intend to operate for extended periods:** (for multiple locations include days and times of operation for each location)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - a. **Will a restroom be available during hours of operation at the above location?** **Yes** or **No**
  - b. **Provide the name, phone number of the business owner and include the address where the restroom is located.**  
\_\_\_\_\_
8. **Will catering services be provided without the use of the mobile food unit?** (circle one) **Yes** or **No**  
(Additional licensing may be required)
9. **List the menu items and toppings that will be prepared or made in-house at the commissary:**  
(Add details to the menu, use additional sheets if additional space is needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. **How frequently do you plan to prepare/cook food at the commissary?** (include days and times)  
\_\_\_\_\_
11. **List the menu items that will be cooked and served or prepared and served on the mobile unit:** (e.g., shaved ice, elephant ears, fries, chicken tenders, burgers, hot dogs etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. **How often do you plan to purchase food supplies?** \_\_\_\_\_
13. **Where do you plan to store excess food supplies?** \_\_\_\_\_
14. **List the menu items that require cooling and will be served cold or meant to be reheated on the day of service:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Owner's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## 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: _____		
<i>Street</i>	<i>City/State</i>	<i>Zip Code</i>
Commissary Authorized Individual: _____	Commissary Food License # _____	
<i>Name</i>	<i>Title/Position</i>	

### 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<br>(cooler/freezer) | <input type="checkbox"/> Ware-washing<br>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 during days of operation may result in a civil penalties & license suspension.  
410 IAC 7-26**

## 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 7-26.

### Commissary Usage

Initial

- \_\_\_\_\_ I will return the mobile unit to the commissary following each day of operation.
- \_\_\_\_\_ I will use approved commissary to obtain fresh water and dispose of wastewater.
- \_\_\_\_\_ I will use an approved commissary for overnight storage of potentially hazardous foods.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ I will maintain potentially hazardous foods at proper temperatures.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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.

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*