



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

MOBILE FOOD UNIT APPLICATION

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

- Completed Mobile Food Unit application and questionnaire
- Completed Commissary Agreement
- Completed MFU Operator Attestation form
- Detailed list of menu food and beverage items
- Floor plan drawn to scale. Include pictures of the interior including the equipment
- 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 (LLC, INC etc.): _____

Name of Owner: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Commissary Information:

Name: _____ Food License # _____

Address: _____ City/State: _____ Zip Code: _____

Name of Commissary Owner: _____ Phone or e-mail: _____

Application Type – Check all that apply:

- New Application

If the mobile unit was previously licensed in Marion County, provide the details below:

Change of Ownership _____ Previous Name of the Mobile Unit _____ Previous License # _____

Mobile Unit Type – Check one:

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

Mobile Food Unit Vehicle Description: (Refer to the mobile unit's BMV 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.

Owner's Signature: _____ Date _____



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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
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

Mobile Food Operator/Shared Kitchen User

Commissary/Commercial Kitchen/Shared Kitchen facilities at any time 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 (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 during days of operation may result in a civil penalties & license suspension.

410 IAC 7-26



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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