



Morgan County Health Department  
180 S. Main St., Ste. 252  
Martinsville, IN 46151  
765-342-6621

Office Use  
Permit #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

## **Application for Mobile Food or Caterer Permit**

### **Risk Level 2 (\$200)**

#### **Owner Information:**

Name of Establishment: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Certified Food Protection Manager\*: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**\*Provide a copy of the Food Protection Manager's Certificate**

**Commissary Information\*** (Each mobile food unit or caterer must operate from an approved & licensed commissary and shall report at least daily to such location for all supplies, extra food storage, and cleaning & servicing operations.)

Name of Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Comm. Phone: \_\_\_\_\_ Comm. Email: \_\_\_\_\_

***\*If different from the previous year, provide a copy of the Commissary Agreement, which can be found here: <https://tinyurl.com/4fhru8pf>***

Expected Locations, Dates & Hours of Operation: \_\_\_\_\_

☐ For more information, including requirements for the unit, and rules and regulations governing food service, please see our website at: [www.morgancounty.in.gov](http://www.morgancounty.in.gov)

☐ **Food permits are not transferable between units or owners.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_