



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 3 (\$300)

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

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

Applicant Signature: _____ Date: _____