

Office Use: Permit #: _____ Date Issued: _____ Staff Initials: _____

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

Application for Mobile Food or Caterer Permit

Your permit will not be issued unless the form is filled out correctly and in its entirety.

Owner Information:

Name of Establishment: _____

Owner/Operator Name: _____

Address: _____

Phone: _____ Email: _____

Certified Food Handler Manager*: _____

Expiration Date: _____

**Provide a copy of the Food Handler 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: _____

**Provide a copy of the Commissary Agreement*

(<https://www.morgancountyhealth.com/CommissaryAgreementForm.pdf>)

Expected Locations, Dates of Service, Hours of Service: _____

- For more information, including requirements for the unit, and rules and regulations governing food service, please see our website at: www.morgancountyhealth.com .
- Food permits are not transferable** between locations, units or owners.
- Mobile Food Units & Caterers shall comply with all regulations set out in the Morgan County Retail Food Establishment Ordinance and the Indiana Retail Food Establishment Sanitation Requirements (410 IAC 7-24).

Morgan County Health Department

180 S. Main St., Ste. 252, Martinsville, IN 46151

Phone: 765-342-6621

Fax: 765-342-1062

Shared Food Facility / Commissary Agreement Form

Foods sold or given away to the public must be prepared and stored in an approved facility. In addition, the vehicles or carts used in the sale of those foods must be serviced at an approved facility each day they operate. This agreement means that the operator of the mobile food unit will have access to the commissary and its facilities at any time.

This form is to be completed by the owner of the approved facility/commissary where these food facility operations will take place for the business applying for a Food Establishment Permit. If the commissary is licensed under a different jurisdiction than Morgan County, IN, please provide a copy of the Food Establishment Permit.

Name of Business applying for Retail Food Establishment Permit: _____

Name of Approved Food Facility/Commissary: _____

Full Address of Commissary: _____

Commissary Phone: _____

Food License for Commissary issued by: _____

Operations to take place: Yes: No Food preparation to include cooking? Yes: No

Food/Utensil storage including refrigeration & freezer space? Yes: No

Vehicle/Cart storage? Yes: No

Washing of utensils/equipment? Yes: No

Restrooms available during all hours of food establishment operation? Yes: No

Mop Water Disposal? Yes: No

Other operations to take place in Commissary: _____

As the owner of the above approved food facility/commissary, I have given my permission for the business known as _____ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of this food facility.

Name of owner of Approved Facility/Commissary: (please print): _____

Signature of Approved Facility/Commissary Owner/Manager: _____

Date: _____