



Public Health
Prevent. Promote. Protect.
Michael Corwin, MD
Health Officer

Brown County Department of Health

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P.O. Box 281
200 Hawthorne Dr.
Nashville IN 47448
812/988-2255
812/988-5603 FAX

APPLICATION for a MOBILE FOOD LICENSE

From January 1, 2026 to December 31st 2026

For Operation of a Mobile Retail Food Establishment

Application is hereby made for a license to operate a mobile retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rules 410 IAC 7-26, , and Brown County Ordinance 2025-06-04-000.. It is further agreed that the establishment shall be open to inspection by agents of the Brown County Health Department.

THIS PERMIT IS NOT TRANSFERABLE –new ownership needs a new permit.

The fee is not refundable. Submitting this application does not guarantee a license will be issued.

Name of Establishment: _____
The name commonly used or the "doing business as" name.

Mailing Address: _____ **State:** _____ **Zip:** _____
The legal mailing address of the business-this may or may not be the same as the street location

Street Location of Establishment: _____

Phone: (_____) _____ **Emergency Phone:** (_____) _____
In case of emergency, if business is closed

Business Operator's Name: _____
The person or corporation that owns the business.

Business Owners Mailing Address: _____ **State:** _____ **Zip:** _____

Business Owner's Phone/Cell: (_____) _____

E-Mail Address: _____ @ _____

Website Address: _____
If the business has a web address show it here-it is not required

On-Site Manager's Name: _____

Commissary Name: _____

A Commissary is needed for servicing the unit, where food supplies are kept, handled, packaged, prepared or stored and where the mobile unit is serviced. The Commissary must be licensed.

Commissary Address: _____

Food Items: _____

Suppliers: _____

Establishment's Daily Opening & Closing Times: _____/_____

Is this a Seasonal Operation? Yes___ No___ If yes – opening date_____

Water Supply:_____

Where you will get your potable water

Dump Tank Waste Disposal:_____

How you intend to dispose of the waste water from the unit.

**CERTIFIED FOOD MANAGER REQUIRED on staff if
producing any food with raw meat, poultry or seafood**

Title 410 IAC 7-26 www.IN.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm

NAME_____Licensing Company_____

Expires___/___ NUMBER_____

Person, Certification Number, plus the company name where they are certified (such as ServSafe)

BCHD can accept:

**Check, Credit/Debit Card (3% fee on cards), Cashier's Check, Cash or
Money Order,**

(The Brown County Health Department reserves the right to refuse a check, and there is a 3% fee on credit or debit cards. We can take credit/debit information over the phone) Checks are to be made payable to the **Brown County Health Department**, we have the right to refuse to accept a check. Mailing address; P O Box 281, Nashville IN 47448

**THIS SIGNED ORIGINAL FORM MUST BE RETURNED TO OUR
OFFICE even if you email your application and then pay online with a
credit/debit card by calling 812-988-2255**

I attest to the accuracy of the information provided herein;

Signature: _____

Print Name: _____ Date: _____

Title: _____

The person who fills out the application needs to sign this application, plus indicate their title.

**ANNUAL FEE --- \$140 for the period January 1st 2026 to December
31st 2026. No pro-rating, one time fee no matter when the license is
applied for.**

Do not write below this line. For office use only.

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- ☐ 1 Pre-packaged, Non TCS
 - ☐ 2 Limited items, pre-packed foods cooked to order. Minimal ingredient assembly
 - ☐ 3 Extensive handling of raw ingredients. Cooking. Cooling ,Reheating, Hot/cold holding

Payment Received: \$_____ Date License Issued: _____