



Clay County Health Department
 18 N Walnut St. Brazil, IN 47834
 812-448-9021

SECTION 2: MENU & FOOD OPERATIONS

Attach a **complete menu listing of all food and beverage items intended to be served.**

Include:

- Menu including any necessary consumer advisories for allergens, or undercooked meats.
 - Indicate food preparation methods
 - Highlight any **TCS (Time/Temperature Control for Safety)** foods
 - Identify any off-site preparation (if applicable)

Approved Food Source(s): Please supply a list of expected:

- food suppliers, distributors, and/or locations where food will be purchased

Please note the use of any unpasteurized dairy products or meat not USDA/BOAH inspected for retail sale will be allowed.

SECTION 3: FACILITY LAYOUT & CONSTRUCTION

Submit a basic floor plan drawing, or photos, see list of requirements for each

<p>Brick-and-Mortar:</p> <ul style="list-style-type: none"> ○ Label: <ul style="list-style-type: none"> ▪ Food prep areas ▪ Warewashing areas ▪ Storage (dry, refrigerated, frozen) ▪ Waste disposal ▪ Entrances/exits 	<p>Mobile Units:</p> <ul style="list-style-type: none"> • Label: <ul style="list-style-type: none"> ○ Cooking/prep areas ○ Hand sink, warewashing sink ○ Water tank, waste tank ○ Ventilation/hood systems
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BOTH : Kitchen/ Food Prep area Finish Materials:

- Floor: _____
- Walls: _____
- Ceilings: _____

All surfaces must be smooth, durable, nonabsorbent, and easy to clean.



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SECTION 4: EQUIPMENT SCHEDULE

Provide a list of commercial or mobile kitchen equipment used for food prep:

SECTION 5: PLUMBING, WATER, & WASTE

Water Supply:

Public Purchased/ Bottled Private Well - *attach well results*

Hot Water Heater

On demand system? Yes **Tank Capacity:** _____ gallons

Sewage Disposal:

Public Grease trap installed?

Septic IDOH Commercial Septic Plan Review /Update Approval complete

Sinks:

- Handwashing Sinks: Yes No
- 3-Compartment Warewashing Sink: Yes No
- Food Prep Sink: Yes No
- Mop/Service Sink: Yes No



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SECTION 6: SANITATION & WASTE HANDLING

Cleaning Schedule/Protocols:

Do you have written standard operating procedures (SOPs) for:

- Equipment and facility cleaning,
- Employee policy for the clean up of vomit or other similar incidents
- Dishwashing and sanitization
- Pest control
- Garbage and grease disposal

Solid Waste Disposal Plan:

If a company is required for FOG/wastewater, please provide name of company/ proof of contract



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SECTION 7: MOBILE UNIT SPECIFIC REQUIREMENTS

(Only complete if mobile food unit)

Vehicle Type:

- Trailer
 Truck
 Cart Other _____

*Please note temporary food vendors using stands/tents are unable to receive an annual permit and **must apply per event**.*

Commissary / Servicing Location Information:

- Name of Commissary: _____
- Location: _____
- Typical Days/Hours of Use: _____
- Signed commissary agreement attached? Yes No
- Is this location currently permitted as a retail establishment? Yes No
- Is commissary equipped with a commercial grease trap? Yes No
- Are you capable of returning to commissary/ servicing location daily? Yes No

Mobile Water System Capacity:

- Freshwater Tank Size: _____ gallons
- Wastewater Tank Size: _____ gallons
(Must be 15% larger than freshwater tank)

Is hot water supply listed in *section 5* adequate for unit?

Restroom Access Plan for Staff: (Location and agreement for use must be documented)

Single-Use containers planned for Customers?

- Yes No



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SECTION 8: EMPLOYEE HEALTH & TRAINING

Employee Hygiene SOPs:

- Handwashing procedures
- Employee Illness & exclusion policy
- Personal hygiene expectations

Certified Food Protection (ServSafe or equivalent):

- Name: _____
- Certificate #: _____
- Expiration Date: _____

It is the business owner/manager's responsibility to ensure ServSafe or its equivalent is maintained, current, and on file at all times.

SECTION 9: REQUIRED ATTACHMENTS

Please check that you've included the following:

Required Item	Attached	<i>Approved / CCHD notes</i>
Menu / food prep/ TSC plans	<input type="checkbox"/>	
Facility layout/floor plan	<input type="checkbox"/>	
Equipment list	<input type="checkbox"/>	
Plumbing/water/waste layout	<input type="checkbox"/>	
SOPs for cleaning and food safety	<input type="checkbox"/>	
Certified Food Manager	<input type="checkbox"/>	
Commissary agreement (mobile only)	<input type="checkbox"/>	
Restroom access plan (mobile only)	<input type="checkbox"/>	



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SECTION 10: APPLICANT CERTIFICATION

I hereby certify that the information provided in this application is accurate to the best of my knowledge and that I understand compliance with **410 IAC 7-26** is required for operation.

Applicant Name (Print): _____

Signature: _____

Date: _____

Clay County Health Department Use Only



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Commissary or Servicing Location Agreement for Mobile Unit Vendors

*This agreement is not intended to and does not create a partnership or joint venture between the parties.
 This document represents the entire agreement between the parties.*

Commissary/ Service Location

Mobile Food Vendor

Facility Name: _____

Facility Name: _____

Owner/Operator Name: _____

Owner/Operator Name: _____

Facility Address: _____

Facility Address: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Permit Number (if applicable): _____

Permit Number (if applicable): _____

410 IAC 7-26-21 "Commissary" defined

Sec. 21. "Commissary" means a registered catering establishment, restaurant, or any retail food establishment in which food, food containers, or food supplies are kept; handled; prepared; packaged; or stored; from which meals are catered and mobile retail food establishments or pushcarts are serviced.

410 IAC 7-26-111 "Servicing area" defined

Sec. 111. (a) "Servicing area" means an operating base location to which an element of a retail food establishment, such as a mobile retail food establishment or transportation vehicle, returns regularly for support functions, such as Vehicle and equipment cleaning, discharging liquid or solid wastes in approved manners, refilling water tanks and ice bins, boarding food.

Food preparation is not allowed in servicing area unless it is a registered commissary

The purpose of this document is to establish a formal agreement between the above listed to serve as the base of operations for the above listed **Vendor** in accordance with all current local and state food code **410, IAC 7-26** as required for mobile food units operating within the State of Indiana.

1. Responsibilities of the Commissary

- a. Provide access to an approved and permitted commercial kitchen facility for food storage, preparation, cooking, cleaning, and sanitation purposes.
- b. Allow the Vendor to store food, utensils, equipment, and supplies in approved areas within the facility.
- c. Provide potable water for filling the mobile unit's water tanks.



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d. Provide an approved waste disposal method, including the disposal of wastewater and grease into commercial drain with a grease trap OR other approved container to be disposed of at a later time, and access to a mop sink and service sink.

e. Maintain all operations and infrastructure in compliance with the Indiana Department of Health (IDOH) and local health department regulations, as well as access to records and facilities as requested.

2. Responsibilities of the Vendor for both a service area or commissary

a. Use the Commissary (or Servicing area) as its required base of operations and return to the Commissary for daily cleaning, restocking, and waste disposal, unless otherwise permitted by law.

b. Maintain its mobile food unit in sanitary condition and operate in accordance with the Indiana Food 410, IAC 7-26

c. Maintain all necessary food permits and licenses, including mobile food permits and food handler certifications.

d. Schedule Commissary access and coordinate usage to prevent disruption to the Commissary's primary business operations.

e. Clean and sanitize the work areas used at the Commissary immediately after use and leave the facilities in good condition.

3. Regulatory Compliance

Both parties affirm that they will operate in full compliance with all applicable laws, including the Indiana Food 410, IAC 7-26, local health department guidelines, and sanitation / safety requirements, and cooperate with health department inspections providing documentation upon request.

4. Terms and Termination

This agreement shall begin on the effective date of final signature and continue until terminated by either party with **thirty (30) days written notice**. Termination must be communicated in writing and delivered via mail or electronic communication.

Modifications must be made signed by both parties, and updated with the Clay County Health Department within 14 days of any such changes to maintain validity of this document.

This agreement may be terminated immediately or no longer accepted by Clay County Health Department if:

- *Either party fails to comply with local or state food regulations, including required permits.*
- *There is evidence of unsafe or unsanitary practices.*

Vendor Signature

Commissary or Servicing Area Signature

Signature: _____

Signature: _____

Date: _____

Circle One : *Commissary or Servicing Area*



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Submit completed packet to:

Clay County Health Department
Environmental Health Division
Address: 18 N Walnut St Brazil, IN 47834
Phone: 812-448-9021

Contact information may be found anytime online:
www.claycountyhealth.in.gov

*Please note the Clay County Health Department Environmental Division has **30 days from the complete submission to complete plan review.** For this process to begin, all permit applications and associated fees must be completed whether in person, or using our online portal.*

Clay County Health Department Use Only

Plan Review Packet Received on: _____

Plan: Approved _____ **Denied** _____

Inspection to open _____