



# HARRISON COUNTY HEALTH DEPARTMENT

241 ATWOOD STREET, SUITE 200 – CORYDON, INDIANA 47112

PHONE (812) 738-3237, EXTENSION 1082 – FAX (812) 738-4292

[WWW.HARRISONCOUNTYHEALTH.COM](http://WWW.HARRISONCOUNTYHEALTH.COM)

## APPLICATION FOR ANNUAL MOBILE FOOD UNIT / CATERING PERMIT

**Please check information carefully and correct anything that is incorrect. All fields must be completed.**

Mobile unit name: _____ Commissary name: _____ Commissary address: _____ <p style="background-color: yellow; margin: 5px 0;"><b>IF YOU DON'T HAVE YOUR OWN COMMERCIAL KITCHEN, WE MUST HAVE A SIGNED COMMISSARY AGREEMENT ANNUALLY, (attached) AND A COPY OF THAT FACILITY'S LATEST HEALTH INSPECTION.</b></p> Certified food handler: _____ N/A <input type="checkbox"/> Type of certification: _____ Certificate number: _____ Exp. Date: _____ <small>(ServSafe, Prometric, NRFSP, etc.)</small> <p style="background-color: yellow; margin: 5px 0;"><b>WE MUST HAVE A COPY OF YOUR FOOD SAFETY CERTIFICATION ON FILE. Please mail one with this application.</b></p> E-mail address: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="3" style="background-color: #e0e0e0;">For office use</th></tr> <tr><td style="width: 60%;">Access</td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> <tr><td>Permit</td><td></td><td></td></tr> <tr><td>#</td><td></td><td></td></tr> <tr><td>Email</td><td>HD</td><td>chimp</td></tr> <tr><td>Comm agreement?</td><td></td><td></td></tr> <tr><td>Date signed:</td><td></td><td></td></tr> <tr><td>Copy of cert?</td><td></td><td></td></tr> </table>	For office use			Access			Permit			#			Email	HD	chimp	Comm agreement?			Date signed:			Copy of cert?		
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Mobile unit owner name: _____ Address: _____ City, State, Zip: _____ Cell phone: _____
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**ATTENTION!** If you will be operating within town limits, contact the appropriate town hall for permission, licensing, etc.

Has ownership changed within the past 12 months? (Y/N) \_\_\_\_\_

<p><b>ANNUAL FEES (Jan. 1 thru Dec. 31) – \$60.00</b></p> <p style="background-color: yellow; margin: 5px 0;"><b>Mail or bring ALL of these things:</b> (1) this application, (2) \$60 fee, (3) signed commissary agreement, (4) inspection report, &amp; (5) copy of food safety certification (ServSafe, NRFSP, Prometric, etc.) to: 241 Atwood Street, Level B1, Suite 200, Corydon, IN 47112. <i>You may pay with a debit/ credit card in our office (not by mail). A 3% fee is charged for this service.</i></p> <p> <input type="checkbox"/> \$60 per year                <input type="checkbox"/> Cash                <input type="checkbox"/> Check                <input type="checkbox"/> MO                <input type="checkbox"/> Debit/Credit Card         </p>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FILL IN NEXT PAGE ALSO**

**Be certain that you comply with the Indiana Food Code, 410 IAC 7-24, regarding all requirements for mobile units and/or catering, whichever may apply to your particular facility. The food code is easy to find online, and ignorance of the rule is no excuse for non-compliance.**

These rules can be found online: [https://www.in.gov/isdh/files/410\\_iac\\_7-24.pdf](https://www.in.gov/isdh/files/410_iac_7-24.pdf).

MENU (list all food, beverages)	FOOD SOURCE (name of grocery, caterer, restaurant, etc.)

Water source: Public  Private well

Capacity of potable water holding tank: \_\_\_\_\_ Capacity of wastewater holding tank: \_\_\_\_\_

Where do you dispose of wastewater / trash? \_\_\_\_\_

	YES	NO
Are backflow prevention devices in use? TYPE:		
Is mobile unit equipped with hot water?		
Is mobile unit equipped with a hand sink?		
Is mobile unit equipped with a 3-compartment sink for utensils/ dishes/ pans?		
Do you have thermometers in cold-holding units?		
Do you have probe thermometers for checking hot-holding temps?		

LIST EQUIPMENT FOR COLD HOLDING	LIST EQUIPMENT FOR HOT HOLDING and/or COOKING

The Commissary Agreement is on the next page. Be sure to sign it in the appropriate spots and have it signed by the commissary owner. Bring / send it back to the health department with this 2-page application.

**Commissary Agreement – Harrison County, Indiana**

Commissary owner sign at **blue spaces**  
Mobile unit owner sign at **green spaces**

Name of kitchen facility (commissary): \_\_\_\_\_

Mailing address of kitchen facility: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # of kitchen facility: \_\_\_\_\_

Indiana State Department of Health Retail Food Establishment Sanitation Requirements states that all food establishments must meet minimum requirements pertaining to water and food source, sewage and solid waste disposal, cleaning and servicing facilities, temperature requirements, and must operate from a properly equipped kitchen. In order to meet these requirements, an operator may choose to make agreements with one or more provider as long as each meets the minimum requirements.

This form is to verify to the Harrison County Health Department that an agreement exists between the mobile unit operator and the provider, and that the provider's facility (commissary) is in compliance with the applicable requirements of the Retail Food Establishment Sanitation Requirements, 410 IAC 7-24, otherwise known as the Indiana Food Code.

**I hereby certify that an agreement exists between:**

\_\_\_\_\_ and  
*Name of kitchen facility (commissary)*

\_\_\_\_\_  
*Name of mobile unit operator*

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_  
*Time period for commissary use - Month Day Year Month Day Year*

to use my facility during the above stated time period and that my facility is in compliance with the regulations of 410 IAC 7-24 and will remain in compliance for the indicated time period.

Please indicate below what services are being allowed in your facility. (Example: warewashing, storage, food prep, wastewater disposal, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Signed (kitchen facility): \_\_\_\_\_ Title: \_\_\_\_\_

Facility name: \_\_\_\_\_

Signed (mobile unit operator): \_\_\_\_\_

Mobile unit address: \_\_\_\_\_

Mobile unit phone #: \_\_\_\_\_ Date: \_\_\_\_\_