



Public Health
Prevent. Promote. Protect.

Putnam County Health Department

P.O. Box 507

Greencastle, IN 46135

Phone: (765) 653-0203 | Fax: (765) 653-0208

putnamcountyhealth.in.gov



health first
PUTNAM COUNTY

Received by: _____

Receipt Number: _____

Mobile Food Permit Application

To operate a Retail Food, Bed & Breakfast, Seasonal, Mobile Food, Temporary Food, or Catering Establishment in Putnam County a permit is required. Non-Profit Organizations require a permit if they serve food more than 15 days per calendar year.

Any application with incomplete or missing information will not be issued a Food Permit.

Establishment Name: _____

The name commonly used or the "doing business as" name.

Vin # (A permit is required for each unit): _____

Owner/Operator Name: _____

Establishment Mailing Address: _____

Phone Number: _____ **Emergency Phone Number:** _____

On-Site Manager's Name: _____

The person responsible for the daily operation that is available at the business location.

Manager/Owner Email Address: _____

If the manager has an email address, please show it here.

Commissary (where food and supplies are stored, food is prepared, and the mobile unit is serviced)

Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Copy of your commissary agreement must be submitted with application.

Water Source: _____ (City Water, Store Bought, or Well Water)

Public Sewage Disposal: ☐ Yes ☐ No If private septic system or sewage disposal, mark "no".

Well water supply is required to submit a satisfactory water sample annually.

Fresh Water Tank Size: _____ **Waste Water Tank Size** _____

Permit Type:

☐ Mobile Unit

Fee

\$75.00

Food Suppliers: _____

How will excess quantities of food be stored outside of the mobile unit during operation? _____

Menu Items: _____

Please include all menu items or attach a copy of the menu to this application

Certified Food Manager Certification:

PCHD only accepts current employee(s) holding a qualifying certification from accredited testing organizations. Certificates will have to have the following seal (right):

Certified
Food
Manager
Certification



Applicant is required to include copy of certification for current employee(s):

Name(s): _____

Please draw a layout of the mobile unit or pushcart in the area below. A hand washing sink, three-compartment sink, and hot water heater for manually washing, rinsing, and sanitizing equipment and utensils must be provided.

List of events and hours planning to attend: _____

Agreement to Operate in Putnam County

Owner or Corporation Name: _____

Mailing Address: _____
Street City State ZIP

Phone: _____ **Fax:** _____

Email: _____

What address do Invoices, Permits, and Inspection Reports get mailed to? ☐ Establishment Address
☐ Owner/Corporation Address

Application is hereby made for a license to operate a mobile food unit in Putnam County. By this signed application, it is agreed that the establishment and owner/operators will comply with the provisions of the Indiana Department of Health Rules 410 IAC 7-22 (food handlers requirements), 410 IAC 7-23 (scheduled civil penalties, 410 IAC 7-26 (food establishment sanitation requirements) and Putnam County food ordinance and any future amendments. It is further agreed that the mobile unit shall be open to inspection daily.

I attest that I have read and acknowledge the accuracy of the information provided herein and that I have read and understand all rules and guidelines to obtain a food permit in Putnam County. Food permits must be obtained at least 5 business days prior to an event. If submitted less than five business days, a late fee will be assessed. Submission within two business days will be denied a permit and not allowed to operate. Permit fees are all non-refundable.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

If the mobile unit or commissary is based out of another county. A copy of the most recent inspection and active permit from that county is required to be submitted with the application.