



# SHELBY COUNTY HEALTH DEPARTMENT

20 W Polk Street  
Shelbyville, Indiana 46176

(317) 392-6470  
Fax (317) 392-6472

## Shared Food Facility/Commissary Agreement

You may use this form when submitting an application for a mobile food establishment license. Foods sold or given away to the public in conjunction with a mobile food establishment must be stored/prepared in an approved facility. You must be able to return to the commissary each day to service the mobile food establishment. The agreement states that the mobile food establishment will have access to the shared food facility/commissary at any time.

Name of business applying for mobile food establishment license: \_\_\_\_\_.

Name of shared food facility/commissary: \_\_\_\_\_.

Shared food facility/commissary license is issued by \_\_\_\_\_ County Health Department.

Shared food facility/commissary address: \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_.

Shared food facility/commissary phone: \_\_\_\_\_.

Operational activities that will take place at shared food facility/commissary (**circle one**):

- |   |   |
|---|---|
| Food preparation? Yes or No                         | Cooking facilities available for use? Yes or No |
| Overnight food storage in cooler/freezer? Yes or No | Storage of paper supplies? Yes or No            |
| Vehicle/cart storage? Yes or No                     | Dishwashing? Yes or No                          |
| Wastewater disposal? Yes or No                      | Clean water supply? Well or City                |
| Trash or grease dumpster access? Yes or No          | Exterior washing of cart/truck? Yes or No       |

As the owner of the above mentioned shared food facility/commissary, I give permission for the mobile food establishment known as \_\_\_\_\_, to use my facility for operations indicated. I am also responsible for complying with all Indiana Retail Food Establishment rules of 410 IAC 7-24.

Name of approved shared food facility/commissary representative (printed):  
\_\_\_\_\_.

Signature of approved shared food facility/commissary representative:  
\_\_\_\_\_.

Date: \_\_\_\_\_.