Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_
 Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_
 LP #: \_\_\_\_\_\_\_\_\_\_\_\_
Lic. Mailed/ Picked-up: \_\_\_\_\_\_\_\_\_\_
 Staff: \_\_\_\_\_\_\_\_\_\_\_

# MOBILE FOOD Renewal APPLICATION

**The following items must be submitted for your plan to be reviewed or to obtain a license**.

* Completed Commissary Agreement
* Completed MFU Operator Attestation form
* Copy of proposed menu and beverage (if any major changes)
* Copy of Certified Food Manager (if expired)
* Pre-operational Inspection

Name of Mobile Food Unit (DBA):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business on Retail Merchant Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner/Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Application Type** –Check all that apply:

 ☐ Renewal Application ☐ Change of Commissary

 ☐ Change of Ownership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Previous MFU Name Previous MFU License #

**Licensing Fees:**
**Full Year- $200.00
Partial Year (July 1st thru December 31st) - $100.00**

# MOBILE FOOD UNIT OWNER/OPERATOR ATTESTATION

As a licensed mobile food unit owner/operator, I agree to the following requirements as stated in the Indiana Retail Food Establishment Sanitation Requirements, 410 IAC 7-24.

**Commissary Usage**

 *Initial*

\_\_\_\_\_\_\_I will return the mobile unit to the commissary following each day of operation.

 410 IAC 7-24-113

\_\_\_\_\_\_\_I will use approved commissary to obtain fresh water and dispose of wastewater.

 410 IAC 7-24-373

\_\_\_\_\_\_\_I will use an approved commissary for overnight storage of potentially hazardous foods.

##  410 IAC 7-24-16

\_\_\_\_\_\_\_I will obtain approval from the JCHD before changing commissaries.

\_\_\_\_\_\_\_I will conduct complex food preparation at the approved commissary.

**Mobile Unit Procedures**

*Initial*

\_\_\_\_\_\_\_I will maintain hot and cold water under pressure on mobile unit while operating.

##  410 IAC 7-24-330, 7-24- 329, 7-24-324

\_\_\_\_\_\_\_I will maintain potentially hazardous foods at proper temperatures. 410 IAC 7-24-187

 \_\_\_\_\_\_\_I will maintain a sufficient power source while operating the mobile unit.

\_\_\_\_\_\_\_I will provide adequate mechanical refrigeration/hot holding as it relates to menu.

##  410 IAC 7-24-259, 410 IAC 7-24-187

\_\_\_\_\_\_\_I will serve food only at point of sale/through the service window.

\_\_\_\_\_\_\_My menu may be limited based on equipment and/or commissary access.

##  410 IAC 7-24-110

I understand that failure to comply with these regulations may result in license suspension, legal action, citation and/or civil penalties.

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

 Printed name of Mobile Food Unit Owner/Operator Name of Mobile Food Unit

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

 *Signature* Date

Email application to: chall@co.johnson.in.us