# Mobile Food Truck Notice of Intent

**This form shall be utilized for Mobile Retail Food Establishment (MRFE) license holders who wish to operate outside of their county of origin. Please submit this "notice of intent' to the County Health Department in which you want to operate your mobile retail food establishment along with the requested support documentation within the required timeframe as required by HB1577.**

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**Mobile Retail Food Establishment Unit Name**

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**County of Origin**

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**License Plate Number**

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**MRFE License Number**

Please enclose the following documents with your Notice of Intent:

- A listing of locations, dates and times which the mobile retail food establishment intends to operate.
- Copy of current menu the mobile retail food establishment is utilizing
- Proof of compliance with all other applicable local agencies (city, zoning, fire, etc.)
- Completed IDOH Issued toilet use agreement form
- Completed IDOH property use agreement form
- Most recent food safety inspection report

I attest that the information provided with this document is true and accurate, and that I have not made any changes to my operation since receiving my license from my county of origin.

**ALL FOOD VENDORS MUST BE REGISTERED WITH THE CITY/COUNTY BUSINESS LICENSE OFFICE.**

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**NAME OF AUTHORIZED AGENT**

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**SIGNATURE**

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**DATE**

To promote, protect, and improve the health and safety of all Hoosiers.

**FOR HEALTH DEPARTMENT USE ONLY:**

DATE ISSUED: _____ DATE OF EXPIRATION:_____

MRFE NAME: _____

MRFE PERMIT HOLDER NAME: _____

MRFE PERMIT HOLDER PHONE #: _____

MRFE PERMENANT ADDRESS: _____

MRFE TRAILER LICNESE PLATE #: _____

MRFE LICENSE #: _____ COUNTY OF ORIGIN: _____

COMMISSARY/SERVICING AREA NAME: _____

COMMISSARY LOCATION: _____

MRFE OPERATING AT A TEMPORARY EVENT: YES ____ NO ____

IF YES, FEES PAID: YES _____ NO _____

AUTHORIZED TO OPERATE IN _____COUNTY: YES__ NO ___

AUTHORIZATION TO OPERATE ISSUED BY: _____

*This authorization will allow the mobile retail food establishment to operate in the above county upon issue. The MRFE operator is subject to county enforcement under 410 IAC 7-26. The MRFE shall allow the issuing health department access to the operation for the purpose of inspection/investigation as outlined in 410 IAC 7-26-478.*

***Final Authorization Approval***

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| ***Printed Name*** | ***Title*** | ***Signature*** |

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***Date***