



KOSCIUSKO COUNTY HEALTH DEPARTMENT

o 100 WEST CENTER STREET o WARSAW o INDIANA o 46580 o

o TELEPHONE: 574-372-2349 o FAX: 574-269-2023

Mobile Food Unit Application

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

- ☐ Completed Mobile Food Unit application and questionnaire
- ☐ Completed commissary Agreement
- ☐ Completed MFU Operator Attestation form
- ☐ Copy of proposed menu and beverage items
- ☐ Floor plan of all equipment
- ☐ Plumbing diagram, including location, and size of fresh and wastewater tanks with back siphonage device

Name of Mobile Unit _____

Name of Business on Retail Merchant Certificate: _____

Owner/Applicant: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____ E-Mail _____

Commissary Information – MFUs Must have licensed Commissary (sections 21 and 488 of 410 IAC 7-26)

Name: _____ Food License # _____

Address: _____ City/State: _____ Zip Code: _____

Application Type – Check all that apply:

- ☐ New Application ☐ Change of Commissary ☐ Change of Ownership

Mobile Unit Type Check one:

- ☐ Food Truck/Trailer ☐ Hot Dog Cart ☐ Ice Cream Truck ☐ Prepackages Ice Cream Cart/Truck

Mobile Food Unit Description:

Make _____ Model _____ Color _____

FOR OFFICE PERSONNEL USE ONLY (circle if missing)				
MFU App	C/A	Menu	Floor Plan	Plumbing
<input type="checkbox"/> Incomplete Application		<input type="checkbox"/> Ready for Review		





KOSCIUSKO COUNTY HEALTH DEPARTMENT

o 100 WEST CENTER STREET o WARSAW o INDIANA o 46580 o

o TELEPHONE: 574-372-2349 o FAX: 574-269-2023

Mobile Food Unit Questionnaire

1. Will you be selling ONLY pre-packaged foods? circle one: **NO** (go to question 2) **YES** (skip to page 3)
2. How and where will you obtain potable water? _____

3. What are the water tank sizes? freshwater tank _____ wastewater tank _____
4. How will you provide water under pressure? _____

5. If operating when outside temperatures measure 32 degrees F or below, how will you prevent water tanks from freezing? _____
6. How will you maintain potentially hazardous foods below 41 deg F or above 135 deg F?
Explain _____

7. How and where will you dispose of wastewater and garbage? _____
8. Will you be catering from the mobile food unit? If so,
explain _____

9. Who is responsible for training employees about foodborne illness and employee health? _____
10. What food preparation and cooking will take place at commissary? _____

11. How will you obtain access to the commissary? _____
12. What food preparation will take place on the mobile unit? _____

13. What will you do with leftover food at end of the day? _____
14. Where will ice be obtained from? _____

Please use the additional space below to provide any additional information regarding your mobile food operations.

Signature of Applicant/Operator _____ Date _____





KOSCIUSKO COUNTY HEALTH DEPARTMENT

◦ 100 WEST CENTER STREET ◦ WARSAW ◦ INDIANA ◦ 46580 ◦

◦ TELEPHONE: 574-372-2349 ◦ FAX: 574-269-2023

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 7-26.

Commissary Usage

Initial

_____ I will return the mobile unit to the commissary following each day of operation.

410 IAC 7-26-488

_____ I will use approved commissary to obtain fresh water and dispose of wastewater.

410 IAC 7-26-488

_____ I will use an approved commissary for overnight storage of potentially hazardous foods.

410 IAC 7-26-21

_____ I will obtain approval from Food Safety Department 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 7-26-488

_____ I will maintain potentially hazardous foods at proper temperatures. 410 IAC 7-26-488

_____ 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 7-26-213

_____ 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.

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

