

# Mobile Food Permit Application

Send completed application with payment to:

Hendricks County Health Department  
355 South Washington St. G30, Danville, IN 46122  
Phone (317) 745-9217 • Fax (317) 745-9218



**Public Health**  
Prevent. Promote. Protect.

Hendricks County Health Department

Name of Establishment: \_\_\_\_\_

VIN # (a permit is required for each unit): \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Certified Food Protection Manager (Name) \_\_\_\_\_

Type of Exam: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (month/day/year)

*\*Please provide copy of Certified Food Protection Manager Certificate, if required\**

Commissary (where food and supplies are stored and the Mobile unit or Pushcart is serviced):

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

*\*Please provide a copy of your commissary agreement\**

Water Source: \_\_\_\_\_

*\*If well water, must submit copy of satisfactory water sample from within the last calendar year\**

Fresh water tank size: \_\_\_\_\_ Waste water tank size: \_\_\_\_\_

List of all food items served: \_\_\_\_\_

Food suppliers: \_\_\_\_\_

How will excess quantities of food be stored outside of the Mobile unit or Pushcart? \_\_\_\_\_

☐ An opening inspection is required prior to a new permit being issued.

☐ Please attach a list of the name, address, dates and hours of operation of all Hendricks County events you plan to participate in within the next calendar year.

- ☐ For more information, rules and regulations, and applications concerning Mobile Retail Food Establishments, please visit the following webpage:  
[www.co.hendricks.in.us](http://www.co.hendricks.in.us)
- ☐ 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.

**Please note food permits are non-transferable.** Permit issued applies only to the above owner. A new permit must be obtained whenever there is a change of ownership. The food permit issued applies only to the above specified establishment and cannot be used to cover a different mobile unit or pushcart.

**Statement:** Mobile Food Establishments shall comply with the provisions as set out in the Hendricks County Food Ordinance and the Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-26.

*I hereby certify that the above information is correct, and I fully understand that any deviation without prior permission from the Hendricks County Health Department may nullify the establishment permit.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Pushcart with all food prepackaged	\$25.00	per unit / per year
Mobile with no food preparation	\$50.00	per unit / per year
Mobile with food preparation	\$100.00	per unit / per year
Application/fee without 48 hour notice	\$25.00	late fee

For office use only: Receipt # \_\_\_\_\_ Receipt Amount \$ \_\_\_\_\_ Date Payment Received: \_\_\_\_\_ Permit #: \_\_\_\_\_