

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 (gal): _____ Waste water tank size (gal): _____

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
- ☐ 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 1 week notice	\$25.00	late fee

Applications will not be accepted if notice is given less than 48 hours prior to start of event.

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