



Monroe County Health Department

Monroe County, Indiana

Health Department

Futures Family Planning Clinic

Public Health Clinic

119 W. 7th Street
47404
(812) 349-2543

119 W. 7th St (lower level)
(812) 349-7343

333 E. Miller Drive
(812) 353-3244

2018 MOBILE RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

Name of Mobile Unit _____ License Plate Number _____

Name of Owner _____ Mailing address: _____

City _____ State _____ Zip _____ Phone _____

Commissary where unit is serviced (if applicable) or where is unit stored when not in use?

Place _____ Address _____

City _____ State _____ Zip _____

Monroe County Ordinance stipulates that it shall be unlawful for any person to operate a mobile retail food establishment in Monroe County who does not possess a valid license from the Monroe County Health Department. * **The license and most recent inspection sheet shall be posted in the mobile unit.** The license for a mobile retail food establishment shall be valid from March 1, 2018 to February 28, 2019.

The license shall be obtained annually prior to operating at first event of the licensing year.

FEE SCHEDULE

Mobile Unit \$150.00 _____

Plan review fee (if not already paid) \$150.00 _____

Non-Motorized Prepackaged Ice Cream Cart (or similar product) \$ 25.00 _____

*** ATTENTION: A separate Itinerant Merchant's license is also required by the City of Bloomington, Office of the Controller (349-3412) if selling food within city limits!**

To be completed by
MCHD Food Protection Staff

Approved by:

Date:

Prepared by: _____

Date Issued: _____

Receipt Number: _____

PLEASE COMPLETE the reverse side of this application!!!

1. Please List food and Beverages sold:

2. Where are food/beverages purchased? If prepared offsite, name and location of facility

3. What is your water source? Public____ Private well____

4. Capacity of water tank?

5. Are backflow prevention devices in use? Yes____ No____ Type_____

6. Where do you dispose of gray water/trash? (Storm sewers are not allowed for gray water disposal)

7. How large is holding tank for waste water?

8. Please list equipment for:

A). Cold Holding:

B). Hot Holding/and or cooking:

9. Is unit equipped with hand sinks and utensil washing sinks? _____

10. Location or events where mobile unit operates in Monroe County:

11. Mobile Route Schedule (if applicable) Please list location of stop, time, and duration of stop)

12. Names of Certified Food Operator(s) (if applicable)

Name_____ Cert.#_____ Date of Certification_____

Name_____ Cert.#_____ Date of Certification_____