BARTHOLOMEW COUNTY HEALTH DEPARTMENT
440 THIRD STREET, SUITE 303
COLUMBUS, IN 47201-6798
PHONE: 812-379-1550 option #2 FAX: 812-379-1040

MOBILE FOOD SERVICE ESTABLISHMENT APPLICATION FOR LICENSE

APPLICANT INFORMATION

Date of Application: _____Name of Applicant: _____

Establishment: _____

Establishment Address: _____

Name of Owner if not Applicant:_____ Owner Address:_____

City: _____State: _____Zip: _____

Establishment Phone Number: _____ Home Phone: _____

Email Address: _____

COMMISSARY/SERVICING SITE INFORMATION

Name of Location: _____Address: _____

Water Supply Source: _____Wastewater Disposal Site: _____

MOBILE UNIT INFORMATION (circle answers)

Type of structure: Trailer Truck Cart
Type of power source: Will plug into source Generator On-board vehicle
Type of hand washing: Sink Other_____
Type of dish washing: Three compartment sink Other_____

Number of days of operation: _____Time food will be served from_____ to_____

FOOD PRODUCT INFORMATION (this area must be completed)

List of all food and beverages to be prepared and served: _____

_____

Location at which above listed foods will be prepared: _____

FEE SCHEDULE: Annual - $150 July/December - $75

Bartholomew County Mobile License Sticker shall be maintained on the mobile unit for current year of operation

The undersigned applies for a license to operate a mobile food service establishment pursuant to Retail Food Establishment Sanitation Requirements in 410 IAC 7-26. The undersigned certifies receipt of the conditions of operation, and that the establishment will be operated and maintained in accordance with these conditions.

Applicant's Signature_____Date_____