



Montgomery County Health Department

1580 Constitution Row Suite G
Crawfordsville, IN 47933

In order to be in compliance with all applicable sections of the Indiana State Department of Health Retail Food Establishment Sanitation Requirements 410-IAC 7-24, please use the following as guidelines.

Administrative:

- Submit Application
- Provide a copy of your last inspection
- Submit a menu listing all foods and beverages to be served and source of food
- Show proof of certified food handler-if applicable
- Provide a commissary agreement
- Fees: \$20.00 for 1-3 days, each additional day is \$5.00

Food and Water Sources:

- No homemade or home canned foods or foods that have been stored in a home are allowed.
- All foods must be prepared on-site or in a licensed establishment (commissary) and properly transported
- Food and water, including ice, must come from approved sources
- Drinking water hoses must be made of food grade material, and stamped as such

Food Preparation and Handling:

- All potentially hazardous foods must be thawed, cooked, cooled and reheated to the proper temperatures. Keep cold foods at 41^o F or below, keep hot foods at 135^o F or above.
- Leftovers must be reheated to 165^o F within 2 hours
- Accurate probe type thermometer must be used and available at all time
- Mechanical refrigeration capable of keeping potentially hazardous foods 41^o F or below is required. Refrigeration must have an accurate thermometer.

Food Protection:

- No bare hand contact with ready to eat foods (hot dogs, buns, lettuce, cheese, snow cones, etc...)
- Food products must be protected from contamination (dirt, chemicals, animals, and people)
- All food, equipment and single use items must be stored at least 6" in. of the ground.
- Condiments must be properly handled, stored, displayed and served
- Chemicals must be stored separately from food service, preparation, storage, warewashing, and handwashing areas. State or local fire codes may apply.

Utensils/Dishwear:

- Each unit should have a three (3) bay sink available to wash, rinse, and sanitize all utensils, dishware and equipment. (*If unit is not equipped with a 3 bay sink and items are taken off the premises for washing, they must be properly cleaned, and sanitized in a licensed food establishment that serves as your commissary*)
- Proper sanitizer and test kit must be provided AND used in each unit
- Wiping cloths must be stored in sanitizer solution when not in use

Ice Use:

- Ice, which is to be consumed, must come from an approved source, be properly labeled, and protected from contamination
- Ice being used as refrigeration must constantly drain in a proper area (NOT ON THE GROUND!)

Hand Washing Facilities:

- A convenient and accessible handwashing sink must be fully stocked, available, and used at all times
- Handwashing station must have warm running water, soap and individual paper towels
- If food preparation takes place outside of the main unit, a separate handwashing facility must be provided at that location

Dishwashing Facilities:

- Proper sanitizer and test kit must be provided AND used in each unit
- Wiping cloths must be stored in sanitizer solution when not in use

Water and Wastewater Facilities:

- A proper backflow/back-siphonage prevention device must protect all water lines to each unit
- A sufficient supply of drinking water must be supplied for all purposes (handwashing, dishwashing, sanitizing and food preparation) via fresh water tank or potable water faucet
- All hoses must be food grade-drink water safe and all connections must be at least 6 inches off the ground
- All liquid waste holding tanks must be available and sized 15% larger than the fresh water holding tank. All waste/gray water must be disposed of in accordance with all applicable laws
- Provide name of facility where gray water will be disposed
- **DO NOT dump waste water/gray water on the ground!!**

Hygiene and Personal Cleanliness:

- NO SMOKING, eating or drinking is permitted in any food preparation or service area
- Clothing must be kept clean and not used to wipe hands
- All food handler must wear proper and effective hair restraints (pony tail, braids do NOT count as a hair restraint).
- Proper handwashing must be done whenever hands become contaminated.

Insect control, trash, lighting, and facility surfaces:

- All garbage and trash must be kept in non-absorbent, leak proof, washable receptacles with lids. Lids must be kept in place when unit is not in operation to control flying insects.
- Adequate lighting must be provided and kept properly shielded
- Grills or other cooking devices set up outside of the licensed mobile unit must be on concrete or asphalt. Alternate flooring such as plywood, rolled roofing material, linoleum must be used when set up on grass, gravel or dirt.
- **Indoor/outdoor carpeting, tarps and cardboard are NOT ALLOWED as flooring material!!**

YOU MUST MEET ALL OF THESE REQUIREMENTS TO OBTAIN YOUR LICENSE!!

COMMISSARY AGREEMENT

Name of mobile unit/pushcart: _____
Name of Operator: _____ Phone # _____

Name of Owner: _____
Street Address of Owner: _____
City: _____ State: _____ Zip: _____
Phone # _____ Email: _____

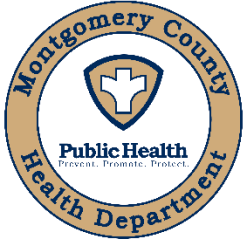
Title 410 IAC 7-24-113 of the Indiana State Department of Health Retail Food Establishment Sanitation Requirement states that “*all mobile food units must meet minimum requirements pertaining to water and food source, sewage, and solid waste disposal, cleaning and servicing facilities and renewal of supplies for mobile unit upkeep and **must operate from a commissary that is revisited daily.** In order to meet these requirements, a mobile unit operator may choose to make agreements with one or more provide as long as each meets the minimum requirements.*”

This form is to verify to the Montgomery County Health Department than an agreement exists between the mobile unit operator and the provider and the provider’s facility is in compliance with the applicable requirements of the regulations.

I hearby certify that an agreement exists between:
Name of Mobile Unit Operator/Owner: _____
Name of Facility: _____
to use my facility during the stated time period of: _____,
and that my facility is in compliance with the regulations of 410 IAC 7-24-113 and will remain in compliance for the indicated time period.

Please indicate what services are being allowed by your facility:
(Example: warewashing, storage, food prep, wastewater disposal)

Signature of facility Owner: _____
Title: _____
Facility Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Date: _____



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TEMPORARY RETAIL FOOD APPLICATION

Please complete a form for each separate operation.

410 IAC 7-24-107 Prerequisite for Operation

- A person may not operate a retail food establishment without first having registered under IC-42-1-6.
- A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC-16-42-1-6.
- To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of and intent to operate at least thirty (30) days prior to registering under this rule.

ESTABLISHMENT OWNER INFORMATION

Establishment Owner's Name:			
Mailing Address:			
City:	State:	Zip Code:	County:
Email:		Phone Number:	

ESTABLISHMENT INFORMATION

Establishment Name:		Certified Food Handler:	
Establishment Address:			
City:	State:	Zip Code:	County:
Email Address:		Phone Number:	

EVENT INFORMATION

Event Name:	Event Location:
Event Contact:	Phone Number:
Date(s) of Event (month, day, year):	Hour(s) of Event;
Food to be served:	
Fees: 1-3 days: \$20.00 Each additional day is \$5.00 (days must be consecutive) Total days: _____ total due: _____	
Signature of applicant:	Date:
Printed Name of Applicant:	

