JOHNSON COUNTY HEALTH DEPARTMENT

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Franklin, Indiana 46131 Fax (317)736-5264

Shared Food Facility/Commissary Agreement

You may use this form when submitting an application for a mobile food establishment license. Foods sold or given away to the public in conjunction with a mobile food establishment must be stored/prepared in an approved facility. You must be able to return to the commissary each day to service the mobile food establishment. The agreement states that the mobile food establishment will have access to the shared food facility/commissary at any time.

Name of business applying for mobile food establishment license: _____.

Name of shared food facility/commissary: _____.

Shared food facility/commissary license is issued by _____ County Health Department.

Shared food facility/commissary address: _____.

City _____ State _____ Zip Code _____.

Shared food facility/commissary phone: _____.

Operational activities that will take place at shared food facility/commissary (**circle one**):

Food preparation? Yes or No
Overnight food storage in cooler/freezer? Yes or No
Vehicle/cart storage? Yes or No
Wastewater disposal? Yes or No
Trash or grease dumpster access? Yes or No
Cooking facilities available for use? Yes or No
Storage of paper supplies? Yes or No
Dishwashing? Yes or No
Clean water supply? Well or City
Exterior washing of cart/truck? Yes or No

As the owner of the above mentioned shared food facility/commissary, I give permission for the mobile food establishment known as _____,
to use my facility for operations indicated. I am also responsible for complying with all Indiana Retail Food Establishment rules of 410 IAC 7-24.

Name of approved shared food facility/commissary representative (printed):
_____.

Signature of approved shared food facility/commissary representative:
_____.

Date: _____.