

File Checklist: RENEWAL

MOBILE FOOD TRUCKS

The following is a checklist that will need to be completed and returned or emailed to our food inspector.

Yalonda.burris@co.greene.in.us

We will contact you for payment after the return of the completed application. If you have not been contacted, please give us a call to ensure we received your information: 812-384-4496 (ext: 413)

- Permit Application
- Commissary or Service Area agreement signed by commissary/service area owner.
- If commissary is **not** from Greene County a copy of last inspection within 6 months.
- Copy of Safe Serve (**Food Managers Certificate**) (**If a changed or renewed**)
- Copy of the establishment's employee sick policy
Renewed each year
- Copy of menu (**If changes**)



GREENE COUNTY
HEALTH DEPARTMENT

Mobile Food Retail Establishment Application

Permit Year: _____

Permit Fee: \$50.00

Late Fee: \$100.00

Temporary Food Establishment – means a retail food establishment that operates at a fixed location for a period of time not more than 14 consecutive days in conjunction with a single event or celebration.

Seasonal Establishment – means a retail food establishment that operates during specific months of the year, usually weather related, as designated by the operator.

Annual Establishment – means a retail food establishment that operates on a routine schedule year-round.

A late fee is added to temporary and seasonal applications received less than 10 business days prior to event or start of season. A late fee is added to annual applications (01/01-12/31) received after December 15th.

Please complete this application and return it with the appropriate permit fee to: **Greene County Health Department • 217 East Spring Street, Suite 1 • Bloomfield, IN 47424**

Event Information (if applicable)

Name of Event: _____

Location of Event: _____

Dates and Hours of Operation: _____

Event Coordinator Name: _____ Phone: _____

Event Coordinator's E-mail Address: _____

Establishment and Owner Information

Establishment Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Water Source: (☒ one) _____ Municipal _____ Private/Well Wastewater Disposal: (☒ one) _____ Municipal _____ Private/Septic

Type of Business/Ownership: (☒ one) ☐ Individual ☐ Partnership ☐ Corporation ☐ Nonprofit

Federal Tax ID Number: _____

Owner(s) Name/Organization Name: _____

Phone #: _____ Mobile #: _____

E-Mail Address: _____

Certified Food Protection Manager Name: _____ Expiration Date: _____

Please provide a copy of the food protection manager certificate with application.

This Certification is required for one onsite employee, unless exempt. [410 IAC 7-26]

Commissary or Base of Operation

If operating an out-of-county or out-of-state food establishment, please provide a copy of your 1) Food Establishment Permit, 2) copy of last inspection, 3) commissary kitchen agreement, and 4) commissary kitchen's food permit and last inspection with this application.

Name of Commissary: _____

Address: _____

City, State and Zip Code: _____

Phone #: _____ Fax #: _____

Water Source: (☒ one) _____ Municipal _____ Private/Well Wastewater Disposal: (☒ one) _____ Municipal _____ Private/Septic

CONTINUE ON BACK

Establishment Name: _____

Facility Information (✓ all that apply)

Type of Structure: _____ self-contained mobile unit _____ booth _____ tent _____ pushcart _____ inside building

_____ other (describe): _____

Power Source: _____ will plug into source _____ generator _____ not needed

Hand washing: _____ sink _____ thermos with spigot _____ urn _____ other (describe): _____

Dishwashing: _____ 3-compartment sinks _____ tubs/buckets _____ back at Commissary/Licensed Food Establishment

Potable Water Source: _____ Commissary/Licensed Food Establishment

_____ approved onsite water source

_____ bottled water

Wastewater Disposal: _____ Commissary/Licensed Food Establishment

_____ approved onsite sewage system or receptacles

Food Product Information

List all food and drinks to be served/sampled: _____

List food items that will be prepared at the Commissary/Licensed Food Establishment and brought to the event: _____

FOR SEASONAL OR TEMPORARY ONLY → Dates of operation: _____ / _____ / _____ thru _____ / _____ / _____

Applicant's Signature: _____ Date: _____

Notes:

➤ **Permit Fee is Non-Refundable and Permit is Non-Transferable.**

➤ **Annual food permits expire on December 31st.**

➤ **Types of Payment Accepted:**

- **Cash**
- **Money Order**
- **Check (Business checks only; no personal checks.)**
- **Debit/Credit Cards**

**Greene County Health Department
217 E. Spring Street, Suite 1
Bloomfield, IN 47424
Phone (812) 384-4496 ext.413
Fax (812) 384-2037
www.co.greene.in.us/health**

For Office Use

Paid by: (✓ one) ☐ Cash ☐ Business Check ☐ Money Order ☐ Credit Card

Date Fee Paid: _____ Processed by: _____

Amount Paid: \$ _____ Receipt Book #: _____

Permit #: _____



Greene County Health Department Local Commissary Agreement

217 E. Spring Street, Suite 1
Bloomfield, IN 47424
(812) 384-4496

Title 410 IAC 7-26 of the Indiana State Department of Health Retail Food Establishment Sanitation Requirement states that *"all mobile food units must meet minimum requirements of 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 providers as long as each meets the minimum requirements.

This form may be used for mobile unit operators, caterers, and temporary food vendors, or when a prospective food establishment will use a permitted facility as its base of operation. Please provide the following information, including signatures, and submit with your retail food permit to the Greene County Health Department. **This commissary agreement is valid for the current calendar year only.**

Commissaries located outside of Greene County require a copy of the establishments out of county/state permit attached to this form.

Date _____

I, _____ of _____
(Commissary Owner/Operator) (Licensed Establishment Name)

Located at _____
(Address of Establishment) (County) (State)

Do hereby give my permission to _____
(Mobile Unit / Pushcart / Caterer / Temporary Food Vendor)

To use my kitchen facilities to perform the following (check all that apply):

- ☐ Preparation of foods, such as vegetables or fruits, cutting meats, cooking, cooling, reheating.
- ☐ Dry Storage of foods, ☐ single-service items, ☐ cleaning agents, ☐ other equipment, ☐ vehicle/cart
- ☐ Cold Storage of food
- ☐ Servicing and cleaning of equipment
- ☐ Ware washing
- ☐ Filling water tanks
- ☐ Dumping wastewater
- ☐ Other: _____

Commissary Water Supply? ☐ Municipal ☐ Well

Commissary Sanitary Sewer Service? ☐ Municipal ☐ Septic (on site wastewater system)

My kitchen facilities are in compliance with the regulations of Title 410 IAC 7-26.

Signature of Operator Date

Phone Number

Signature of Commissary Owner Date

Phone Number

**SERVICE AREA ONLY /NO COMMISSARY
FOR MOBILE FOOD ESTABLISHMENTS**

Mobile
Name _____

Owner of Mobile Truck _____

Address, City, State, zip code _____

This letter is to serve notice that the above-named mobile food truck **does not** have a commissary kitchen but a Service Area.

Therefore.

- All food that is sold to the public at any event that the above-named mobile attends, will be prepped and cooked on site in the approved inspected mobile truck. All leftover food from the event WILL NOT be held over in the mobile overnight.
- All foods held in a "Service Area" must abide by **(410 IAC 7-26 of the Indiana Food Code)** in that food shall be protected from contamination by storing the food as follows:
 - In a clean, dry location. Where it is not exposed to splash, dust, or other contamination.
 - At least six (6) inches above the floor.
 - In a manner to prevent overcrowding.
 - In packages, covered containers, or wrappings.
 - Food shall be stored in a location away from living quarters.
- The **ONLY** exception to this rule is when an event lasts for more than one (1) consecutive day; in which case someone must be onsite to ensure that power is not lost to the mobile.
- All mobiles must have a safe approved water source, whether it be from a municipal source onsite or brought in a holding tank from an approved inspected site. (Such as a commissary)
- All mobiles must dump grey water at an approved dump site. (i.e., campground, 4H fairgrounds or commissary kitchen etc.) **NOT** a private residence or storm drain system.
- If you have a commissary in another county, a copy of the last inspection within 6 months must accompany your application.

Failure to comply with the above may result in possible fines and you may no longer be able to vend in Greene County without a commissary.

I attest on this ____ day of _____ to the Greene County Health Department I shall abide by the instructions listed above while in operation.

Signature (Mobile Owner) _____ Date _____

Employee Health and Hygiene



Reporting agreement

The purpose of this agreement is to inform the employee of their responsibility to take appropriate steps of preclusion by accurately reporting current health conditions as it pertains to food-related illness and the transmission of foodborne illness.

The employee will report the following to the Person in Charge (PIC).

1. An onset of the following symptoms, including the date and location of onset

- a. Diarrhea
- b. Vomiting
- c. Jaundice
- d. Sore throat with fever
- e. Exposed/infected cuts, burns or wounds with pus

If the employee experiences these symptoms at work, he or she should stop working immediately, report the symptoms to the PIC and see a health practitioner.

If the employee experiences the symptoms at home, they should notify management and avoid working until the designated time has passed based on diagnosis.

2. A medical diagnosis, including:

- a. Norovirus
- b. Typhoid fever (*salmonella typhi*)
- c. Shigellosis (*shigella* spp.)
- d. *E. Coli* 0157:H7 or other Shiga toxin-producing *E. Coli* (STEC) infection
- e. Nontyphoidal *salmonella*
- f. Hepatitis A

If the employee is restricted from work, they are permitted to work in limited capacities (non-food handling, non-utensil handling).

If the employee is excluded from work, they are not permitted to work and cannot return until approval from a health practitioner is received.

- 3. Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. Coli* 0157:H7, hepatitis A or other STEC infection.**
- 4. A household member diagnosed with norovirus, typhoid fever, shigellosis, hepatitis A or other STEC infection.**
- 5. A household member attending or working in a setting experiencing a confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. Coli* 0157:H7, hepatitis A or other STEC infection.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement. I understand these safety procedures are in place to protect me, other employees, the establishment and consumers.

Name of PIC or Owner of
Establishment: _____ Date _____

Employee Signatures:

- _____
- _____
- _____
- _____
- _____
- _____

Source: *U.S. Food and Drug Administration Employee Health and Personal Hygiene Handbook 2020*

Vomit and Diarrhea Cleanup Procedure



Overview

This procedure brings awareness to the updated requirement of having a written procedure to address vomit and diarrheal events in a retail food establishment. Proper planning and training on this procedure can lead to the establishment being cleaned and disinfected both quickly and correctly in the event of contamination, controlling the spread of Norovirus.

Cleanup response kit materials

- Safety signs/cones
- Eye protection
- Disposable gloves
- Disposable masks
- Disposable aprons
- Disposable bags
- Disposable shovels/scrapers
- Paper towels
- Spray bottles
- Disinfectant
- Sanitizing solution
- Absorbent powder/solidifier
- Mop with disposable mop head
- Mop bucket

Cleanup procedures

Before cleanup, use the **ABC** method.

- **A**sk all individuals within a 25-foot radius to remove themselves from the area and wash their hands immediately.
- **B**lock off the contaminated area, and if applicable, dispose of all uncovered food and single-use equipment within a 25-foot radius.
 - If multi-use equipment is contaminated, follow wash, rinse, disinfect and sanitize procedures.
- **C**lothe yourself in personal protective equipment prior to cleaning.

During cleanup:

- Cover the contaminated area with an absorbent powder or paper towels, soaking up the excessive soil.
- Remove the hardened powder or dampened paper towels and any solid matter, immediately placing them in a disposable bag.
 - Double bagging is recommended.
- Wash all contaminated surfaces with a soapy water solution, including all nearby surfaces and additional surface areas as necessary.
 - Minimize the spread of infectious material by working from the cleanest area towards the most contaminated area.
- Rinse the soapy water solution with clean water.
- Saturate all washed surfaces with an approved disinfectant.

- Avoid application via excessive force or focused stream to prevent aerosolizing any remaining viral particles.
- On floor surfaces, apply the disinfectant with a disposable towel or disposable mop head for the recommended amount of time (found on manufacturer's label), allowing surfaces to air dry.
- Saturate all dried, disinfected surfaces with an approved sanitizing solution.
 - Wash, rinse, disinfect and sanitize all surfaces as necessary.
 - Replace disposable towel or disposable mop head with each cleaning interval.

After cleanup:

- Remove all personal protective equipment and place in disposable bag. Avoid touching any surfaces that were disinfected and sanitized.
- Remove all waste from the facility according to local, state or federal regulations.
- Wash hands thoroughly before performing any other duties.
- Reopen the affected area after it dries.
- Remember, although it may not have been directly impacted, it is important to clean common areas with high potential for hand contact. This may include restrooms and drinking fountains. It is common for sick individuals to use these facilities following an incident.

Disinfecting solution requirements

Use registered antimicrobial products effective against norovirus as [recommended by the Environmental Protection Agency](#) (EPA). Always use the product according to manufacturer's specifications.

Sources: [Cleaning and Disinfecting with Bleach](#) (CDC, 2024), [Norovirus Response and Cleanup](#) (National Parks Service, 2023).

