715 Green Road, Madison, IN 47250
812 273-1942 812 273-1955 Fax
Susan G. Stack, M.D., Health Officer
Lindsey Wyne, Administrator

2026 APPLICATION FOR MOBILE FOOD UNIT LICENSE

BUSINESS INFORMATION

Business Name _____
DBA Name _____
Address _____
City _____ State _____ Zip Code _____
Business Phone _____ Business Fax _____
Business Email _____

OWNER'S CONTACT INFORMATION

Owner's Name _____
Owner's mailing address _____
City _____ State _____ Zip Code _____
Owner's Phone _____ Owner's Fax _____
Owner's email contact _____

EMERGENCY CONTACT FOR AFTER HOURS

Name _____
Land Line number _____
Cell phone number _____

CERTIFIED FOOD HANDLER INFORMATION

Name _____
Expiration Date _____

EVENT NAME AND LOCATION

(Please provide this information if it's available at time appliction is submitted)

_____
_____
_____
_____

PLEASE LIST HOURS OF OPERATION

If hours are not consistant, please just mark those days with "varies"

Monday _____ Thursday _____ Sunday _____
Tuesday _____ Friday _____
Wednesday _____ Saturday _____

Continued on back side…Please complete both sides…Incomplete forms will be returned

Menu (may attach a copy) _____

_____

_____

_____

Jefferson County Ordinance, 2016-01, requires the issuance of Mobile Food Establishment license per mobile u regardless the number of employees. The fee for temporary events will be waived for all Jefferson County licensed mobile units.

MOBILE FOOD UNITS LICENSE FEES

Any food business that operates over 15 days in a calendar year is considered a food establishment and must purchase a food establishment license

Mobile Unit License Fee: $ 200.00

I attest to the accuracy of the information provided in this application. I will comply with the Jefferson County Food Ordinance 2016-01 and allow the Jefferson County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-26

Please make checks payable to : Jefferson County Health Department

Check, cash, money order or electronic payment is available this year. If wanting to utilize the electronic payment plea stop into the office or call and ask for Shirley at the front desk. Thank you.

_____ _____

Signature of Owner or Manager Date

For office use only

License # _____ Cash or Check # _____ Date Recd _____ Receipt # _____