



Food Protection Division ♦ 200 E. Berry Street, Suite 360 ♦ Fort Wayne, IN 46802

Phone: (260) 449-7562 ♦ Fax: (260) 449-3010 ♦ www.allencountyhealth.com

SEASONAL MOBILE ICE CREAM PERMIT APPLICATION

All Food Establishments must comply with 410 IAC 7-24 and Allen County Code, Title 10, Article 2 at all times or be subject to the penalties therein.

NAME OF ESTABLISHMENT: _____

(this is how it will appear on your permit and in our files)

COMMISSARY ADDRESS for the Mobile Unit: _____
(street) (city) (state) (zip)

Mailing Address for Permit: _____
(street) (city) (state) (zip)

Mailing Address for permit renewal letter: _____
(street) (city) (state) (zip)

Establishment Phone: _____ Fax: _____ E-Mail: _____

Name of Owner: _____ Owner Address: _____

Type of Ownership (* see back) __ Individual __ Partnership __ Corporation __ LLC __ Other: _____

If corporation, list name: _____ Resident Agent: _____

-- THE FOLLOWING QUESTIONS MUST BE ANSWERED OR PERMIT WILL NOT BE ISSUED --

(1) Vehicle Identification Number (VIN) for the Mobile Unit: _____

(2) Vehicle License Plate Number: _____ (3) Gross weight of the vehicle/unit: _____

(4) Detailed Description of Vehicle/Unit (make, model, color, etc.): _____

(5) Please list all foods sold from the unit: _____

(6) What is the name of the Person-In-Charge? _____ Position: _____

(7) Please list your days and hours of operation or sales route on the back of this form.

PERMIT FEE SCHEDULE *(This is a non-refundable fee.)*

LATE FEES APPLY IF THE PAYMENT IS BEING MADE AFTER THE 15TH OF THE MONTH IT IS DUE.

IF LATE, USE CHART ON RIGHT.

**ON-TIME RENEWALS, use the fee below
FOR ONE YEAR OF OPERATION**

\$175.00

**LATE RENEWALS, use the fee below
FOR ONE YEAR OF OPERATION**

\$218.75

\$ _____

NEW ESTABLISHMENTS & CHANGES OF OWNERSHIP, SEE BACK OF APPLICATION FOR FEE SCHEDULE

Make all checks or money orders payable to the Allen County Department of Health.

NOTE: Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 24 business hours. If payment is not received within 24 business hours of notification, the establishment will be closed until fees are paid in full.

COLLECTIONS NOTICE: Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

By signing below I agree to ALL terms and conditions listed on this permit application

Permit will not be issued
if not properly signed!

Signature of Applicant(s) or Corporate Officer: _____

Must be signed in ink by applicant(s)

Printed Name of Applicant(s): _____

-----FOR OFFICE USE ONLY BELOW THIS LINE-----

Signature of Food Division Representative

Date

District #: _____ Receipt Number: _____

Estab. #: _____ Permit #: _____

Date Entered: _____ Clerk: _____

COMMISSARY INFORMATION

** If you DO NOT OWN the establishment being used as your commissary, you must complete the attached "Mobile Retail Food Establishment and Commissary Agreement Form" with the commissary owner. This form must be submitted with your application in order to be considered for a permit. If your commissary changes, the Allen County Department of Health must be notified immediately.

SALES AREA (ROUTE) INFORMATION

DUE TO ONGOING PROBLEMS LOCATING MOBILE UNITS FOR NECESSARY INSPECTIONS – THE FOLLOWING INFORMATION IS REQUIRED.

Detail on the lines below your normal sales route information each day. In other words, where do you make stops during the day to vend your food products? This information must be provided in order for our Department to conduct unannounced inspections. If your daily schedule slightly deviates from the information you provide below, that is not a problem, as long as it is not significantly different.

** If you do not have a normal route, it will be necessary for you to provide weekly listings of where you plan to sell your food

products (via fax or mail).

** If your route changes, it will be necessary for you to fax or mail in any updates on a routine basis.

** Please be sure to list approximate times as well for the locations you list below.

** If this information is not completed or is found to be significantly inaccurate without you attempting to provide updated locations/times – a review of your permit status will be conducted prior to any renewals being allowed.

***ESTABLISHMENTS WITH SHARED OWNERSHIP, A PARTNERSHIP, OR ANY FORM OF MULTIPLE OWNERSHIP OR MEMBERSHIP – please complete the following for each:**

Owner Name: _____ Telephone: _____ Ownership %: _____

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Owner Name: _____ Telephone: _____ Ownership %: _____

Owner Name: _____ Telephone: _____ Ownership %: _____

NOTE TO NEW ESTABLISHMENTS OR NEW OPERATORS -- Non-Probationary

New Establishment Fee: \$275.00

Each new food establishment shall be required to pay a fee of two hundred and seventy five dollars (\$275.00) for the review of plans and specifications and for the initial inspection of the Food Establishment. This fee is in addition to the permit fee.

NOTE TO NEW OPERATORS -- (90-day Probationary) Fee: \$150.00

Each new permittee of a food establishment which is in existence and has been operating on a continual basis up to the time that the new permittee takes over the ownership or possession of said food establishment, shall be required to pay a fee of one hundred and fifty dollars (\$150.00) for the initial inspection of the food establishment. This is an addition to the permit fee as set out herein.

(Food establishments under new ownership are required to meet all applicable current codes within 90 days.) There will be no extensions on this 90-day probationary period. All codes must be met at the time for the annual permit to be issued. If codes are not met at that time, the probationary permit will be revoked and the establishment will be closed. Refer to Title 10, Article 2 (Food and Beverage Ordinance) for further information.

New Operator: I, _____, have read and understand the

(Please sign)

above paragraph and I also understand I will need to schedule an initial inspection of the facility to determine what needs to be done to meet all applicable requirements.

Actual date that the change of ownership will become effective: _____



MOBILE RETAIL FOOD ESTABLISHMENT AND COMMISSARY AGREEMENT FORM

MOBILE RETAIL FOOD ESTABLISHMENT INFORMATION:

Establishment Name: _____

Owner Name: _____ Phone: _____

List the foods prepared at the commissary: _____

Days/times you engage in food preparation at the commissary: _____

LICENSED FOOD ESTABLISHMENT/COMMISSARY INFORMATION:

Establishment Name: _____ Phone: _____

Establishment Address: _____
(street) (city) (state) (zip)

Owner Name: _____ Phone: _____

Days/times the operator report to the commissary for servicing, storage, cleaning, etc.: _____

What functions are the operator(s) approved to conduct at the commissary:

Food Storage Food Preparation Dishwashing Food Packaging Other: _____

By signing this agreement form, both aforementioned parties agree to follow all food safety regulations set forth in the Indiana State Food Protection Rule (410 IAC 7-24) and the Allen County Food and Beverage Ordinance (Allen County Code, Title 10, Article 2) while engaging in food preparation/service/related activities at the above-mentioned licensed food establishment. In addition, both parties agree to comply with all Fort Wayne/Allen County Building, Fire and Zoning regulations at all times with regard to the food service operations that take place in the licensed food establishment. Additionally, the owner of the above-mentioned licensed food establishment agrees that any food safety violations that are observed during the routine inspection of his/her food establishment will be documented on the inspection form for the licensed food establishment, regardless of which party was responsible for the violation. The owner of the commissary will be held liable/responsible for all food service operations within his/her licensed facility.

Printed Name of Commissary Owner

Signature of Commissary Owner

Date

Printed Name of Mobile Food Unit Owner

Signature of Mobile Food Unit Owner

Date