



Clay County Health Department

18 N Walnut Street Brazil, IN 4834

Phone: (812) 448-9021

Mobile Food Service Application

Establishment/Business/Organization Name: _____

d/b/a name if LLC: _____

Owner Address: _____

Phone: _____ Email: _____

Expected Event / Site Location: _____

Water Source: _____ Food Source: _____

Menu: (Including all beverages & side ingredients, may attach additional paper as needed)

1) _____
2) _____
3) _____
4) _____
5) _____

6) _____
7) _____
8) _____
9) _____
10) _____

- **FEES: \$50.00 PER MOBILE UNIT**
- **\$25.00 LATE FEE WILL BE REQUIRED IF PERMIT IS NOT OBTAINED 14 DAYS PRIOR TO THE EVENT, no permits issued closer than 7 days prior.**

I hereby agree to comply with the Indiana State Department of Health Rule 410 IAC 7-26, and Home based vendor rules as necessary.

Signature: _____

Serv Safe Certification #: _____ Expiration Date: _____

New Units only: Completed Plan Review _____ Permit issued _____