

Henry County Health Department
216 S. 12th St. New Castle, IN 47362
Phone (765)521-7059 option 2
environmental@henrycounty.in.gov



Mobile Retail Food Establishment Permit Application

Name of Mobile Food Unit: _____

Owner/Applicant: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Commissary Name: _____ Permit# _____

Address: _____ City/State: _____ Zip Code: _____

Name of Certified Food Handler: _____

Certified Food Handler Number: _____ Expiration Date: _____

The following items are required to be submitted for approval:

- | | |
|---|---|
| <input type="checkbox"/> Copy of last inspection report | <input type="checkbox"/> Copy of Local Health Department permit |
| <input type="checkbox"/> Copy of Certified Food Handler Certificate | <input type="checkbox"/> Licensed commissary agreement |

\$150.00 Annual Permit Fee

I/We attest that the above information is accurate to my/our knowledge at this time. I/We further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. Be advised that this fee is required for permit issuance and is nonrefundable. It is unlawful to operate a food establishment within Henry County without a valid permit. Issued permits are nontransferable and must be posted in conspicuous place within the establishment during all hours of operation. We are no longer allowed to issue temporary or seasonal permits to mobile units due to a legislation change.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Receipt/Permit Number _____

Permit Fee Paid _____

Issue Date _____

Expiration Date _____