

LaPorte
Main Office
809 State St Suite 401A
LaPorte, IN 46350
(219)326-6808 Ext.2200
Fax (219)325-8628



Michigan City
Branch Office
300 Washington St, Suite 106
Michigan City, IN 46360
(219) 874-5611 Ext.7780
Fax (219) 873-3018

Application for Mobile Food Establishment

Establishment Name: _____

Establishment Address: _____

City: _____ **Zip:** _____ **Phone #:** _____

E-Mail Address: _____ **Business Hours:** _____

Where would you like your business information sent?

Owner Name: _____

Mailing Address: _____ **Phone Number** _____

City: _____ **State** _____ **Zip Code** _____

Commissary Information

Mailing Address: _____ **Phone Number** _____

City: _____ **State** _____ **Zip Code** _____

PLEASE READ BEFORE SIGNING:

I/we agree to abide by all the provisions set forth in Ordinances 2013-15, of the County of LaPorte, Indiana. I/we also agree to notify the Health department of any change in management or ownership. I/we understand that this permit is issued only to the person(s) making application and is **not transferable**. The Health Department shall also be notified prior to remodeling, the purchase of equipment, or any additions to the menu. Failure to notify the Health Department can result in the suspension of this permit. I/we will also only prepare and cook food inside the inspected unit. I/we will also have all of our food stored in the unit and understand that mechanical refrigeration is required for all potentially hazardous foods. I/we will NOT dump our wastewater directly on the ground; instead, it will be disposed of in a sanitary manner.

SIGNED: _____ **TITLE:** _____

For Food Division Office Only

Permit # _____

Subtype: Mobile Code: M:1

License Fee: \$200.00

For Office Clerical Use Only

Date Received: _____

Cash: Check: *Check: # _____