



St. Joseph County Department of Health

Application for Mobile Food Establishment

circle one

MFT (Truck) / MFE (Trailer) (Other)

Name: _____ Application Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) ____ - _____

Business Name: _____

E-mail address: _____

Mobile Food Establishment Information

Mobile Truck / Trailer Make: _____ Model: _____

Color: _____ License Plate #: _____ State: _____

Address Where Mobile Unit Will Be Stored: _____

Commissary

Name of Commissary: _____ Address: _____

City: _____ State: _____ Zip: _____

Commissary Permit Number: _____

Print Name: _____ Date: _____

Signature: _____ Date: _____

*Please see fee schedule at bottom of the application. **Fees are not accepted after 4:00 p.m.**
Our office shall accept Cash, Business Checks, money orders, cashier's checks, and Visa/Master Card.*

For Office Use Only!

Date Paid: _____

Opening Date: _____

Total Amount Paid: \$ _____

Permit received on: _____

Transaction #: _____

Department Employee: _____

Permit #: _____

Mobile Food Establishment

\$200.00 per unit