



ST. JOSEPH COUNTY  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

# St. Joseph County Department of Health

## Application for Mobile Food Truck

MFT Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### MFT Information

Mobile Truck 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(s) received on: \_\_\_\_\_

Transaction #: \_\_\_\_\_ Department Employee: \_\_\_\_\_

Permit #: \_\_\_\_\_

Mobile Food Establishment Dispensing only	\$325.00 per unit
Mobile Food Establishment Prep in unit	\$375.00 per unit