



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

# St. Joseph County Department of Health

## Permit Application for Mobile Units

Company/Mobile Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

***Please see fee schedule on reverse side of the application. Fees are not accepted after 4:00 p.m. Our office shall accept Business Checks, money orders, cashiers' checks, Visa/Master Card, and Cash. Please place additional information on the reverse side of the application. All mobile units and food delivery vehicles must schedule an opening inspection for the current year.***

License Plate No. of each vehicles if applicable	<i>Mobile units must include route sheets, dates, and locations.</i>	Make and Model of Vehicle

<b>For Office Use Only!</b>	
Date Paid: _____	Opening inspection date: _____
Total Amount Paid: \$ _____	Permit(s) received on: _____
Transaction #: _____	Department Employee: _____
<input type="checkbox"/> Informed Mobile/Pushcart Vendor of South Bend License	

