

Union County Health Department
6 West South Street – Suite 2, Liberty, IN 47353
Telephone (765) 458-5393

Application for Mobile Food Unit Permit

County: UNION, INDIANA

Year of Operation: 2025

ANNUAL PERMIT

Specify type of Food Establishment: MOBILE FOOD UNIT

Mobile Food Unit Information:

Name: _____

Commissary or Servicing Area Address: _____

City: _____ State: _____ Zip: _____

Owner's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-mail address: _____

Type of Ownership:

___ Individual ___ Corporation ___ LLC ___ Partnership Federal ID # _____

CERTIFIED FOOD HANDLER

CERTIFICATE NUMBER

EXPIRATION DATE

Copy of your Certified Food Protection Manager Certification document and photo ID required with the application.

Application for Mobile Food Unit Permit in compliance with:

Indiana State Department of Health Title 410 IAC 7-24 Retail Food Establishment Sanitation Requirements and Title 410 IAC 7-22 Certification of Food Handler Requirements and Union County Retail Food Establishment Ordinance No. 3-41-8

- Ordinance No. 3-41-8 Section A: Permits and Fees
 - A permit shall be issued subsequent to application and inspection upon a determination by the health officer or an authorized representative that the permittee has complied with all the applicable provisions of this Ordinance and paid the fee established by Ordinance No. 2016-1159-02.

I have read this application and all information supplied is true and correct.

Signature of Owner or Authorized Representative

Date Signed

DO NOT WRITE BELOW THIS LINE - Union County Health Department Use Only

Date Application Received: _____ Date of Inspection: _____

Inspected By: _____ Approved _____ Denied _____

Establishment ID Number _____ (Assigned by the Union County Health Department)