



Washington County Health Department

806 Martinsburg Rd. Suite 100 – Salem, IN 47167

--- www.washingtoncounty.in.gov ---

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APPLICATION FOR FOOD PERMIT

Appendix F

Establishment Type: MOBILE FOOD SERVICE

Note: All fields must be completed.

Facility Name: _____

Address: _____ Email: _____

City: _____ State: IN Zip: _____ Phone: _____ Fax: _____

Owner Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Which address should the PERMIT be mailed to:

Facility: _____ **Owner:** _____

Which address should FUTURE APPLICATIONS be mailed to:

Facility: _____ **Owner:** _____

Certified Food Safety Employee: _____

Manager Name: _____ **Business Hours:** _____

LOCATION OF COMMISSARY/ LICENSED FACILITY: (COPY OF PERMIT REQUIRED).

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____ **Fax:** _____

Check appropriate box for: MOBILE FOOD SERVICE ESTABLISHMENT		
Annual Permit Fee: \$75.00	<input type="checkbox"/>	
Late Fee: \$50.00	<input type="checkbox"/>	

Amount of Fee Submitted: \$ _____

Method of Payment: Cash _____ Check _____

Cash and check payments are accepted by mail or in person at the WCHD. Credit and Debit card payments are assessed a convenience fee.

Note: A late fee of \$50.00 will be charged for all applications received after the expiration of your current permit.

SIGNATURE: _____ **DATE:** _____