



## Washington County Health Department

806 Martinsburg Rd. Suite 100 – Salem, IN 47167

--- [www.washingtoncounty.in.gov](http://www.washingtoncounty.in.gov) ---

Phone: (812)883-5603 Ext. 2003 Fax: (812)883-5017

### **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**

**Late Fee: \$50.00**

**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:** \_\_\_\_\_