

# FAYETTE COUNTY HEALTH DEPARTMENT

## Application For Mobile Food Unit Permits

This form must be filled out completely and signed BEFORE a permit can be issued

Establishment Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Location of Commissary \_\_\_\_\_

List foods to be served: \_\_\_\_\_

(Use back of application if necessary)

Vehicle Identification (V.I.N.) \_\_\_\_\_

Vehicle License plate number \_\_\_\_\_

Description of Vehicle (make, Model, Color) \_\_\_\_\_

### PERMIT MUST STAY IN VEHICLE AT ALL TIMES

**Mobile Unit permits \$ 75.00**

Enclosed fee: \$ \_\_\_\_\_ ALL PERMITS FEES ARE

PAYABLE TO:

Fayette County Health Department

401 Central Ave.

Connersville, In. 47331

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_