

Vigo County Health Department
147 Oak Street, Terre Haute, Indiana 47807
812-462-3281 Attn: Brooke
2017 Mobile Food Permit Application

Application for Operating Permit for Mobile Food Service Establishments.

We accept cash, check, cashier's check and money orders ONLY.

Mobile Unit:

Name of Establishment: _____

If you are an LLC what is your d/b/a name? _____

Name of Operator/Manager: _____

Home Phone: () _____ Cell: () _____

Email Address (for copy of inspections) _____

Owner's Information:

Owner's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: () _____ Cell: () _____

Where would you like your application mailed to next year?

☐ To Owner listed above ☐ Other (list below)

Name: _____

Address: _____

City, State, Zip Code: _____

You must have a Certified Food Handler on staff! Proof must be available in your mobile unit at all times.

RESIDENT OF VIGO COUNTY ONLY

One Year Mobile Unit \$75.00

I attest to the accuracy of the information provided in this application. I will comply with this ordinance and allow the Vigo County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-24.

_____ Signature of Owner or Manager	_____ Date	\$ _____ Amount Enclosed
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For Health Dept Use Only:

Permit #: 2017- _____ Amount Paid: \$ _____