

Vigo County Health Department
147 Oak Street, Terre Haute, Indiana 47807
812-462-3281 Attn: Beth
2019 Mobile Food Permit Application

Application for Operating Permit for Mobile Food Service Establishments.

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.

One Year Mobile Unit \$100.00

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

For Health Dept Use Only:

Permit #: 2019- _____ Amount Paid: \$ _____