

WELLS COUNTY HEALTH DEPARTMENT

223 W Washington Street Bluffton, IN 46714
260-824-6489 * www.wellscounty.org/health

APPLICATION FOR MOBILE FOOD ESTABLISHMENT PERMIT

Mobile Permit Fee: \$35.00

Establishment Information:

Name of Establishment: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ E-Mail _____

Establishment Owner Information:

Name of Owner/Corporation: _____

Address: _____
Street City State Zip

Phone: _____ E-Mail: _____

Correspondence regarding this establishment should be sent to:

Name: _____ Title: _____

Address: _____

Phone: _____ E-Mail: _____

****Please list items or types of food to be sold or attach copy of current menu****

To obtain your permit, you must include a copy of each of the following:

- Business agreement allowing you to operate from another business (*When applicable*)
- Permit from your home county (*When applicable*)
- Servicing Area/Commissary Information

Please complete info for EACH mobile truck/trailer that will be operating in Wells County. Each mobile truck/trailer will receive a separate permit. The fee per mobile truck/trailer is \$35.00.

VIN #

LICENSE PLATE No.

Add pages as necessary

SERVICING AREA/COMMISSARY INFORMATION:

Name of Owner/Operator: _____

Address: _____
Street City State Zip

Servicing Area/Commissary Activities (*check all that apply*):

Vehicle(s) Parking _____ Food Preparation _____ Warewashing _____ Food Storage _____
Water Boarding _____ Water Waste Emptying _____ Solid Waste Emptying _____
Vehicle Cleaning _____ Other (*list*) _____

Is this a regulated food establishment? YES _____ NO _____

If YES, please provide copy of permit/registration.

Acknowledgement:

- I agree to abide by all provisions set forth in the current Wells County Food Ordinance and the provisions set forth by Retail Food Establishment Sanitation Requirements 410 IAC 7-24.
- I attest that all information provided is true and correct.
- I will allow the Wells County Health Department access to the servicing area/commissary and mobile unit of the establishment and applicable records as specified by 410 IAC 7-24.

Printed Name

Title:

Signature

Date:

For Office Use: Permit # _____ Date Issued : _____ Date Permit Mailed: _____