

# Fayette County Health Department

Application For

## Mobile Food Unit Permit

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 (Mobile units only): \_\_\_\_\_

List foods to be served: (Mobile units only) \_\_\_\_\_

(Use back of application if necessary)

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Mobile Unit permits \$50.00

Enclosed fee: \$ \_\_\_\_\_

ALL PERMITS FEES ARE PAYABLE TO:

Fayette County Health Department

111 West Fourth Street

Connersville, IN 47331

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

Date: \_\_\_\_\_