MOBILE APPLICATION

Whitley County Health Department
220 W. VanBuren Street, Suite 106
Columbia City, Indiana 46725
Phone: 260-248-3121 – Fax 260-248-3129   **-M**

Name of Establishment:
Address:
Name of Owner:
Address:
E-Mail Address:
Phone #   **Cell Phone #**   **Fax #**
Manager of Establishment:

ALL PERMITS MUST BE ACQUIRED PRIOR TO OPENING ANY FOOD CONCESSION

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ANNUAL MOBILE
Fee $100.00 - Date of Issue_____

List of Events:
Date of Events:
Location of Events:
List of all Foods to be served:_____

Name of Certified Food Safety Handler_____
Which Program Attended _____
Date of Certification _____

Signed:_____   **Date:**_____

Signed: _____   **Date:** _____

BRING OR SEND THIS APPLICATION TO THE HEALTH DEPT. TO RECEIVE PERMIT
ALL PERMITS MUST BE ACQUIRED PRIOR TO OPENING ANY FOOD CONCESSION