

**Warrick County Health Department**  
**107 W. Locust St., Suite 204**  
**Boonville, IN 47601**  
 Phone: (812) 897-6105 (Ext.5)  
 Fax: (812) 897-6104

**Application for 2017 Food Permit: Temporary/Mobile**  
**Establishment**

*All fields must be completed.*

<b>Business</b>			
Facility Name: _____			
Physical Address: _____			
Street	City	State	Zip
Mailing Address (if different): _____			
Street	City	State	Zip
Phone Number: _____	Fax Number: _____		
Email Address: _____			
Certified Food Safety Employee(s): _____			
Manager / On-Site Supervisor: _____			
Business Hours: _____		Number of Employees: _____	
Has ownership changed within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Business: <input type="checkbox"/> Permanent* <input type="checkbox"/> Mobile / Temporary			
<small>*This application is for Mobile/Temporary facilities only. Permanent establishments need to obtain the proper application.</small>			
<b>Owner</b>			
Owner Name: _____		Phone Number: _____	
Mailing Address: _____			
Street	City	State	Zip
Phone Number: _____	Fax Number: _____		
Email Address: _____			
Which address should permit be mailed to? <input type="checkbox"/> Facility <input type="checkbox"/> Owner			

<b>Permit Fee Schedule:</b>		
Mobile Unit	<input type="checkbox"/>	\$75
Temporary Establishment	<input type="checkbox"/>	\$75
<b>Mobile/Temp. Facility only operating after June 30</b>	<input type="checkbox"/>	<b>\$50</b>

Amount of Fee Submitted: \$ \_\_\_\_\_  
 Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order: \_\_\_\_\_

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_

Date \_\_\_\_\_  
 Title \_\_\_\_\_

For office use only: Permit # \_\_\_\_\_

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Name of temporary event: \_\_\_\_\_

Event location: \_\_\_\_\_

Event Contact Name and Telephone Number: \_\_\_\_\_

Dates and Hours: \_\_\_\_\_

Food to be served: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mobile Units:

Commissary's Name and Address: \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_

Date \_\_\_\_\_  
Title \_\_\_\_\_

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