# Warrick County Health Department

# 107 W. Locust St. Suite 111

# Boonville, IN 47601

Phone: (812) 897-6105 (Ext.5)

Fax: (812) 897-6104

**Application for 2025 Food Permit: Seasonal/Mobile Establishment**

***All fields must be completed.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Business** | | | |
| *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):*  ***ATTACH COPY OF CERTIFICATE*** | | | |
| ***FOR MOBILE UNITS ONLY: Attach Copy of Location of Commissary/Licensed Facility Permit*** | | | |
| *Manager / On-Site Supervisor:* | | | |
| *Business Hours:* | | | *Number of Employees:* |
| *Has ownership changed within the last 12 months? Yes No* | | | |
| ***\*Attach a copy of Menu\**** | | | |
| **Owner**  **Are you a Veteran? Yes No** | | | |
| *Owner Name:* | *Phone Number:* | | |
| *Mailing Address:*    Street City State Zip | | | |
| *Phone Number:* | *Fax Number:* | | |
| *Email Address:* | | | |
| *Which address should permit be mailed to? Facility Owner* | | | |
| ***Permit Fee: $100.00***  **A $200.00 fee/fine will be charged to each seasonal/mobile unit operating without a permit.** | | | |

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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