

# BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052  
www.boonecounty.in.gov

ENVIRONMENTAL DIVISION  
SUITE B201  
(765) 483-4458  
(765) 483-5243 FAX



BOONE COUNTY  
HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION  
SUITE B202  
(765) 482-3942  
(765) 483-4450 FAX

## Application for Mobile Food Establishment Permit

Name of Business:	Telephone Number:
Commissary Location:	Mailing Address:
Email Address:	City State Zip Code
Please List All Menu Items:	Please Send In the Following Information along with the application and correct application fee. 1. Copy of Certified Food Handler Certificate 2. Drawing of Food Truck Floor Plan 3. Copy of your County Permit (where commissary is located)
Manager's Name:	Mailing Address:
Owner's Name:	City State Zip Code
Telephone Number:	

Boone County does not accept out of state checks	Permit Fee	Please Check One
Pre-Packaged Food Truck/Cart	\$ 50.00	_____
Food Truck/Food Cart (Prepare and Serve)	\$140.00	_____

**Please Contact the Health Department to set up an appointment for an inspection prior to operation and permitting**

I hereby certify the above information is correct and the food service facility will be maintained in compliance with the Commissioner's Ordinance 2016-05.

I understand the food establishment permit is non-transferable and will be kept posted on the above mentioned premises.  
I understand that fees associated with the application and permit are non-refundable.

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

Permit Issued \_\_\_\_\_ [For Office Use Only] Receipt Number \_\_\_\_\_

Permit Number \_\_\_\_\_ Check No/Cash/Charge \_\_\_\_\_

\*\*\* If you would like to use a charge card, please contact the office.