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	_____

Send correspondence to: (check one) (1) Business Address _____ (2) Owner's Address _____

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 _____

[For Office Use Only]

Permit Issued _____ Receipt Number _____

Permit Number _____Check No/Cash/Charge _____

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