

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 _____

[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.