

WELLS COUNTY HEALTH DEPARTMENT

223 W. Washington, Suites 200-209, Bluffton, IN 46714

Phone: 260-824-6489 • Fax: 260-824-8803

APPLICATION FOR MOBILE FOOD ESTABLISHMENT PERMIT PERMIT FEE – \$35.00

Establishment Name:	Phone:		
Address:	City	State	Zip
Mailing Address:	City	State	Zip
Fax:	E-Mail:		

Establishment is owned by: An Individual A Corporation Partnership Association Other _____

List ALL persons/entities comprising legal ownership below:

Name:	Title:		
Address:	City	State	Zip
Name:	Title:		
Address:	City	State	Zip
Name:	Title:		
Address:	City	State	Zip

Operator:	Phone:		
Home Address:	City	State	Zip

Correspondence regarding your business should be sent to:

Name _____ Street _____ City _____ State _____ Zip _____

Name(s) of operators/drivers of Mobile Units _____

Food Products to be Served/Sold _____

Name of Certified Food Handler _____

Days and times your unit will be operating in Wells County: Mon. _____ Tues. _____ Wed. _____

Thurs. _____ Fri. _____ Sat. _____ Sun. _____

If your schedule varies, please include a schedule of dates and times you will be operating in Wells County.

Wells County Ordinance No. 2007-19 states:

1. A separate permit shall be required for each Bed and Breakfast Establishment and/or Food Establishment operated or to be operated by any person.
2. No permit issued to any Operator under this ordinance shall be transferable between locations or between operators. Upon change of location, operator or owner, all existing permits become void.

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