

Spencer County Health Department

200 Main Street, Room 2

Rockport, IN 47635

Telephone: 812-649-4441

1-800-975-8813

Fax: 812-649-6047

Application for Mobile Food Unit License 201_

Mobile Unit Name: _____

Name of Owner (s): _____

Address of Owner:

Street: _____

City/State/Zip: _____

Phone Number of Owner: (____) _____

Fax #: _____

Certified Food Handler: _____ Date Of Certification: _____

Certified Food Handler: _____ Date of Certification: _____

Food Handler Course taken: (circle one) ServSafe (2 day course) Safe Food Handlers (1 day course)

List ***all Fairs & Festivals*** that you plan to attend in Spencer County

Menu

Date of Application: _____

Signature of Applicant: _____

FEE: \$50.00

Application and fee ***must be submitted TWO WEEKS PRIOR*** to the event.

After July 1st Fee: \$25.00

NOTE: If the license is to be ***returned by mail***, PLEASE ENCLOSE A STAMPED, SELF
ADDRESSED ENVELOPE along with your check for the correct amount made payable to the
SPENCER COUNTY HEALTH DEPARTMENT.