

Spencer County Health Department

200 Main Street, Rm 2
Rockport, IN 47635
Telephone: 812-649-4441
Fax: 812-649-2928

Email: kstallings@spencercountyhealth.com

Please fill out the form in its entirety and return to the Spencer County Health Department with applicable fee to the above address two (2) weeks prior to booth set up

APPLICATION FOR FOOD PERMIT

Establishment Type: MOBILE FOOD SERVICE

Note: All fields must be completed

Facility Name: _____

Address: _____ Email _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Owner Name: _____

Address: _____ Email _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Which address should the PERMIT be mailed to: Facility _____ Owner _____

Which address should FUTURE APPLICATIONS be mailed to: Facility _____ Owner _____

Certified Food Safety Employee: _____ **Date of Certification** _____

Manager Name: _____ **Business Hours:** _____

LOCATION OF COMMISSARY / LICENSED FACILITY: (Copy of Permit and Agreement Required)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Fee: Annual Permit Fee: \$50.00 Permit Fee July 1st: \$25.00

Amount of Fee Submitted: \$ _____

Method of Payment: Cash _____ Check# _____ Money Order _____

Cash will only be accepted in person at the Spencer County Health Department, Rm 2.

SIGNATURE: _____ **DATE:** _____

Receipt # _____