

# WABASH COUNTY HEALTH DEPARTMENT

89 WEST HILL STREET

WABASH, INDIANA 46992

Phone: (260) 563-0661 Ext. 1249 or 1283; Fax: (260) 563-6082

## ANNUAL PERMIT APPLICATION FOR MOBILE CONCESSIONS

WABASH COUNTY ORDINANCE 2007-85-1 STIPULATES IT SHALL BE UNLAWFUL FOR ANY PERSON TO OPERATE A FOOD ESTABLISHMENT, MOBILE FOOD SERVICE, TEMPORARY FOOD SERVICE OR FOOD MARKET IN WABASH COUNTY WHO DOES NOT POSSESS A VALID PERMIT FROM THE WABASH COUNTY HEALTH DEPARTMENT. ANY FOOD SERVICE OPERATING FROM A VEHICLE OR A FOOD SERVICE THAT RELINQUISHES POSSESSION OF FOOD TO A CONSUMER DIRECTLY OR INDIRECTLY THROUGH A DELIVERY SERVICE OR RETAIL FOOD ESTABLISHMENT IS REQUIRED TO BE PERMITTED.

***THIS PERMIT IS VALID ONLY FROM 1<sup>ST</sup> OF OPENING MONTH TO END OF CLOSING MONTH***

Type or print clearly in ink and return application form to above address.

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

NAME OF FOOD SERVICE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WATER SUPPLY: \_\_\_\_\_ *Public* \_\_\_\_\_ *Private* SEWAGE: \_\_\_\_\_ *Public* \_\_\_\_\_ *Private*

TYPE OF BUSINESS: CORPORATION FRANCHISE INDIVIDUAL LLC OTHER: \_\_\_\_\_  
(PLEASE CIRCLE ONE)

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF CERTIFIED EMPLOYEE: \_\_\_\_\_  
(UNLESS EXEMPT BY MENU)

CERTIFICATION NUMBER: \_\_\_\_\_ CERTIFICATION DATE: \_\_\_/\_\_\_/\_\_\_

LIST ALL FOODS AND BEVERAGES TO BE PREPARED, SOLD AND/OR SERVED

\_\_\_\_\_  
\_\_\_\_\_

IF ANY FOOD ITEMS ARE PREPARED (IN PART OR IN WHOLE) OTHER THAN ON SITE, LIST THE LICENSED FACILITY AND ADDRESS:

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LIST THE ESTABLISHMENT'S DAILY OPENING AND CLOSING TIMES (Please Be Specific):

OPENING MONTH: \_\_\_\_\_ CLOSING MONTH: \_\_\_\_\_

SUN \_\_\_\_\_ MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_  
\_\_\_\_\_

A PERMIT WILL NOT BE ISSUED UNTIL THE COMPLETED ANNUAL APPLICATION AND PERMIT FEE ARE SUBMITTED TO THE WABASH COUNTY HEALTH DEPARTMENT.

FEE FOR AN ANNUAL MOBILE CONCESSION PERMIT: **\$100.00 PER YEAR**

*PLEASE MAKE CHECK PAYABLE AND MAIL TO:* WABASH COUNTY HEALTH DEPARTMENT  
ATTN: FOOD DIVISION  
89 WEST HILL STREET, WABASH, INDIANA 46992

SHOULD ANY PERMIT HOLDER FAIL TO CONTACT THE WABASH COUNTY HEALTH DEPARTMENT **7 (SEVEN) DAYS PRIOR TO THE SCHEDULED EVENT**, A PENALTY FEE OF **\$50.00** WILL BE IMPOSED AND THIS ANNUAL PERMIT WILL NOT BE VALID.

**PLEASE NOTE THE FOLLOWING:** PERMIT FEES AND PERMITS ARE NOT REFUNDABLE NOR TRANSFERABLE.

*Failure to return both pages, COMPLETE and ACCURATELY, may cause delay and possible penalty fees.*

APPLICATION IS HEREBY MADE FOR AN ANNUAL PERMIT TO OPERATE A FOOD ESTABLISHMENT IN WABASH COUNTY. IT IS AGREED THE FOOD ESTABLISHMENT WILL COMPLY WITH THE PROVISIONS OF THE INDIANA STATE DEPARTMENT OF HEALTH RULE 410 IAC 7-24, WABASH COUNTY FOOD ORDINANCE 2007- 85-1 AND FEE SCHEDULE ORDINANCE NO. 04-2004.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

IF YOU KNOW OF ANY EVENTS YOU PLAN TO ATTEND THIS YEAR, PLEASE COMPLETE THE ATTACHED ANNUAL PERMIT – EVENT REMINDER FORM. ADDITIONAL REMINDER FORMS ARE AVAILABLE ON OUR WEBSITE AT FOODSERVICES.WABASHCOUNTY85.US OR YOU MAY CONTACT THE WABASH COUNTY HEALTH DEPARTMENT AT (260) 563-0661 X 1249 OR 1283.

FOR OFFICIAL USE ONLY, PLEASE DO NOT WRITE BELOW THIS LINE

DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_ CASH: \$ \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_ LATE FEE: \$ \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

PERMIT MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_ RECEIPT MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_ NEXT APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES: \_\_\_\_\_