

WABASH COUNTY HEALTH DEPARTMENT

89 WEST HILL STREET, WABASH, INDIANA 46992
Phone: (260) 563-0661 Ext. 1249 or 1283; Fax: (260) 563-6082

APPLICATION FOR "ADDITIONAL" FOOD SERVICE PERMIT(S) (Multiple Trucks, Mobiles, Concessions, Catering, Farmers Market, Etc.)

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.

Type or Print Clearly

TODAY'S DATE: ____/____/____

NAME OF ESTABLISHMENT: _____

PHONE: _____ FAX: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

A permit fee of \$25.00 for each additional truck, mobile, concession, catering, farmers market, etc. servicing Wabash County is required. Please complete the following information and return to the Wabash County Health Department (postmarked no later than December 31, current year). All permits expire December 31, following year.

This application will be in lieu of an Annual Permit or Farmers Market Permit.

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|--|------------|
| 1. Unit Identification Number or Name: _____ | Fee: _____ |
| 2. Unit Identification Number or Name: _____ | Fee: _____ |
| 3. Unit Identification Number or Name: _____ | Fee: _____ |
| 4. Unit Identification Number or Name: _____ | Fee: _____ |
| 5. Unit Identification Number or Name: _____ | Fee: _____ |
| 6. Unit Identification Number or Name: _____ | Fee: _____ |
| 7. Unit Identification Number or Name: _____ | Fee: _____ |
| 8. Unit Identification Number or Name: _____ | Fee: _____ |

TOTAL ADDITIONAL UNITS: _____ TOTAL ADDITIONAL FEES INCLUDED: _____

Any fees or permits are NOT refundable or transferable.

Permit must be kept in designated unit.