

**PERRY COUNTY HEALTH DEPARTMENT
P.O. Box 49, 907 South Main Street/Pinckneyville, IL 62274**

MOBLIE FOOD UNIT APPLICATION

Yearly Fee: \$150.00
6 Month Fee: \$75.00

Vendor Name: _____

Owner Name: _____

	Business	Mailing (if different)
Phone Number		*****
Address		

Manager Name	Manager phone number

Commissary: a place to prepare and store food and dry goods, storing and cleaning of mobile facility. Every mobile unit MUST have a commissary.

If the commissary is a place of Business owned by someone else, a signed contract with both the owner and renter must accompany this permit application. Applications will be returned as incomplete if the contract is missing

Commissary address:

Owner of commissary if different that owner of mobile food unit:

CERTIFIED FOOD MANAGER

NAME ON CERTIFICATE	I.D. NUMBER	EXPIRATION DATE ON CERTIFICATE

Application, is hereby, made for a mobile food unit to operate in Perry County. It is agreed that the above mobile food unit will comply with the provisions of the Food Sanitation Code and FDA Food Code. It is further agreed that said mobile food unit shall be open to inspection by the Perry County Health Department.

Signature of Owner (s)

Date

For official use only:

Application approved by: _____ Date: _____

Permit Number Assigned _____

