



715 Green Road, Madison, IN 47250  
812 273-1942 Fax 812 273-1955  
John P. Hossler, M.D., Health Officer  
Tammy Monroe, Administrator

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**20\_\_ APPLICATION FOR MOBILE FOOD ESTABLISHMENT LICENSE**

ESTABLISHMENT NAME/DBA: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
MANAGER: \_\_\_\_\_

ESTABLISHMENT MAILING ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**AFTER HOURS EMERGENCY CONTACT INFORMATION**

*(Address and phone must be different from above listed information)*

OWNERS NAME(s): \_\_\_\_\_ PHONE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF CERTIFIED FOOD HANDLER: \_\_\_\_\_ EXP DATE \_\_\_\_\_  
*(Expiration date must be filled out with mm/dd/yyyy)*

LIST HOURS OF OPERATION: MONDAY: \_\_\_\_\_ TUESDAY: \_\_\_\_\_  
WEDNESDAY: \_\_\_\_\_ THURSDAY: \_\_\_\_\_ FRIDAY: \_\_\_\_\_  
SATURDAY: \_\_\_\_\_ SUNDAY: \_\_\_\_\_

MENU (may attach a copy): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mobile Food Establishment License Fees:**

\$180.00 Dollars per Mobile Unit.  
This amount includes any Jefferson County Health Department Fees pertaining to temporary permits issued for Festivals / Events in Jefferson County.

**CONTINUED ON BACK**

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I attest to the accuracy of the information provided in this application. I will comply with Jefferson Co. Food Ordinance 2016-01 and allow the Jefferson County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-24.

DATE OF APPLICATION: \_\_\_\_\_ AMOUNT ENCLOSED: \_\_\_\_\_

SIGNATURE OF OWNER OR MANAGER: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**License #** \_\_\_\_\_ **Cash / Check#** \_\_\_\_\_ **Date Received** \_\_\_\_\_ **Receipt#** \_\_\_\_\_