

# STEBEN COUNTY HEALTH DEPARTMENT

o 317 SOUTH WAYNE STREET o SUITE 1B o ANGOLA o INDIANA o 46703 o

o TELEPHONE: 260-668-1000 EXT 1500 o FAX: 260-665-1418 o

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY –  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND MAY RESULT IN LATE FEES**

THE UNDERSIGNED HEREBY MAKES APPLICATION TO OPERATE AN ANNUAL MOBILE UNIT IN STEUBEN COUNTY, INDIANA

CHECK ONE:  RENEWAL  NEW  CHANGE OF OWNER

BUSINESS NAME OF MOBILE OPERATION (“dba” NAME) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(STREET/PO BOX) (CITY, STATE) (ZIP CODE)

BUSINESS TELEPHONE # \_\_\_\_\_ BUSINESS FAX # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CAPACITY OF FRESH WATER TANK \_\_\_\_\_ GALLONS

CAPACITY OF WASTEWATER TANK \_\_\_\_\_ GALLONS CAPACITY OF HOT WATER HEATER \_\_\_\_\_ GALLONS

APPROVED DUMP STATION FOR LIQUID WASTE: \_\_\_\_\_  
(NAME OF FACILITY) (ADDRESS) (CITY, STATE) (ZIP CODE)

**OWNERSHIP AND OPERATION OF RETAIL FOOD ESTABLISHMENT (RFE)/COMMISSARY INFORMATION**

**If the owner of the mobile unit does not own the retail food establishment (RFE) used as the base of operations for the mobile operation, a licensed and inspected commissary is required to receive an annual mobile unit license.**

MOBILE UNIT OWNER(S) \_\_\_\_\_ CONTACT NAME \_\_\_\_\_  
(NAME OF INDIVIDUAL, CORPORATION, ORGANIZATION, PARTNERSHIP, ETC.)

RFE/COMMISSARY NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

REF/COMMISSARY OWNER(S) \_\_\_\_\_  
(IF OTHER THAN OWNER OF MOBILE UNIT)

RFE/COMMISSARY ADDRESS \_\_\_\_\_  
(STREET) (CITY, STATE) (ZIP CODE)

RFE/COMMISSARY WATER SOURCE (circle one): PUBLIC or PRIVATE (WELL) RFE/COMMISSARY SEWAGE (circle one): MUNICIPAL or SEPTIC (ON-SITE SYSTEM)

CERTIFIED FOOD HANDLER (IF APPLICABLE) EXPIRATION \_\_\_\_\_ CERTIFYING AGENCY (circle one): ServSafe Experior NRFSP National Registry of Food Safety Professionals CERTIFICATION \_\_\_\_\_

**\*\*If the RFE/commissary is owned by someone other than the mobile unit owner, a commissary agreement and the commissary’s most recent inspection report from the county with jurisdiction, if located outside of Steuben County, are mandatory.\*\***

**PLEASE READ BEFORE SIGNING:**

By signing below: I/We agree to abide by all provisions set forth in 410 IAC 7-24 Retail Food Establishment Sanitation Requirements and the Retail Food Establishment and Bed & Breakfast Establishment Ordinance of Steuben County, Indiana. I/We also agree to notify the Steuben County Health Department of any change in ownership. I/We understand that this permit is issued only to the person/persons making application and IS NOT TRANSFERABLE. The Steuben County Health Department shall also be notified prior to remodeling, the purchase of equipment or any changes in the menu that require equipment or structural changes to the establishment.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**TO RECEIVE YOUR PERMIT, YOU MUST ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE WITH THE COMPLETED APPLICATION OR YOU MAY OBTAIN YOUR NEW PERMIT AT THE STEUBEN COUNTY HEALTH DEPARTMENT**

HEALTH DEPARTMENT USE ONLY	
Date Received _____	
<b>\$50.00 Annual Mobile Unit Fee</b> + LATE FEE (Postmarked after Dec. 31 <sup>st</sup> ) _____ day(s) @ \$20.00/day _____ = _____ <b>TOTAL FEE</b>	
Cash _____ Check/Money Order # _____ Receipt # _____ LICENSE # _____ ISSUED BY _____	