



10/15/15

St. Joseph County Health Department

Application for Mobile Food Truck

MFT Name: _____ Application Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) _____ - _____

Business Name: _____

E-mail address: _____

MFT Information

Mobile Truck Make: _____ Model: _____

Color: _____ License Plate #: _____ State: _____

Address Where Mobile Unit Will Be Stored: _____

Commissary

Name of Commissary: _____ Address: _____

City: _____ State: _____ Zip: _____

Commissary Permit Number: _____

Print Name: _____ Date: _____

Signature: _____ Date: _____

*Please see fee schedule at bottom of the application. Fees are not accepted after 4:00 p.m.
Our office shall accept Cash, Business Checks, money orders, cashier's checks, and Visa/Master Card.*

For Office Use Only!

Date Paid: _____ Opening Date: _____

Total Amount Paid: \$ _____ Permit(s) received on: _____

Transaction #: _____ Department Employee: _____

Permit #: _____

| | |
|--|-------------------|
| Mobile Food Establishment Dispensing only | \$325.00 per unit |
| Mobile Food Establishment Prep in unit | \$375.00 per unit |