HANCOCK COUNTY HEALTH DEPARTMENT

111 SOUTH AMERICAN LEGION PLACE, GREENFIELD IN 46140 PHONE: 477-1125; 1127 WEBPAGE: <u>WWW.HANCOCKCOINGOV.ORG</u>

APPLICATION FOR MOBILE FOOD VENDOR

Name of Business:				
Owners of Business: Nam	me(s)			
Address:(Street)	(Ci	ty)	(State)	Phone: ()
Name and Email Contact				
Target Date for Operation	Name			Email
Contact Person Working	at Unit			
Facility Information:		Name		Cell Phone
Type of Structure:	☐ Trailer	☐ Tent	□ insi	ide Building
Type of Water Service	□ Tank	☐ Hose from approved Source		
Type of Wastewater Disposal		☐ Holding Tank ☐ Disposal provided on-site		
Type of Handwashing:	□ Sink	☐ Thermo	s w/spigot	t 🗆 Urn
Type of Dishwashing	☐ 3-Comp. Sink ☐ Tubs/Buckets			
***Name of Certified Foo	od Handler (if	applicable):_		
General list of Foods to be	e prepared, so	old, or served	<u>:</u>	
Commissary/Servicing A	rea Name and	Address:		
checks payable to the Har	of certified for ncock County ses can be subr	Health Depanitted by mail	rtment. (no cash ii	tion with your application. Please make in mail) or in our office during normal business accept debit or credit cards.
Applicants Name:			Po	osition:
Office Use Only Permit#:				Date Received:

11/19/2019