Ripley County Health Department Environmental Division P.O. Box 745, 102 W. 1st North St. Versailles, IN 47042

Phone: (812) 689-5751 Fax: (812) 689-3909

Your Mobile Food Establishment Permit is due 14 days prior to your first event. Fill out exactly as you wish it to appear on your permit. Attach a copy of your current certified food handler certificate and photo ID. If you do not have a current certified food handler or copy of certificate on file, you will not be issued a permit.

Permits are \$200.00, must be obtained 14 days prior to your first event or a \$50.00 late fee will be assessed.

Thank you for your compliance. Have a great Year!

Mobile Food Establishment Permit Application

Year:2021				
Name of Establishm	nent:			
Commissary				
Physical Address: _	Street	City	State	Zip
Commissary	Sueci	City	State	Zīp
-				
	Street or P.O. Box	City	State	Zip
Commissary		•		•
Phone:	Fax:		e-mail:	
Name of Owner:				
Corporate Office				
Mailing Address: _				
Camaranata Offica	Street or P.O. Box	City	State	Zip
Corporate Office	Eow		a mail.	
Phone:	Fax:		e-man:	
Name of Certified F	Food Handler:		Date of ex	kam
Method of Payment	: #			_
	Cash	Check #	Money order #	
By cianing this you ask	nowledge that all informa	tion is corre	oct and you will notify t	ho Diploy County
	days prior to each set-u			
	,		,,	
			Date:	
Signature				
	For Of	fice Use		
Receipt #	Date Recei	ved Paym	ent	