Ripley County Health Department
P.O. Box 745, 102 W. 1st North St. Versailles, IN 47042
Phone: (812) 689-5751 Fax: (812) 689-3909

Fill out exactly as you wish it to appear on your permit. If required based on food being served, attach a copy of your certified food manager certificate and photo ID, if you do not have a current certified food manager, 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.**

Mobile Food Establishment Permit Application

Year:2026

Name of Establishment: _____

Name of Owner: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Phone: _____Fax: _____ e-mail: _____

Are you using a Commissary or Servicing Area? _____

Commissary Name _____County:_____

Commissary Owner: _____ Phone: _____

Physical Address: _____
Street City State Zip

Please check the following for each use at the commissary or servicing area:
___ Food Prep/Cook ___ Cold Food Storage ___ Frozen Food Storage
___ Dry Food Storage ___ Food Use Containers ___ Single Serve Containers

Where do you fill your water tank? _____ Public or Well

Where do you empty your waste water? _____

Name of Certified Food Handler: _____Date of exam_____

Method of Payment: _____ #_____ #_____
Cash Check # Money order #

By signing this you acknowledge that all information is correct, **and you will notify the Ripley County Health Department 14 days prior to each set-up/event or your permit may be revoked:**

_____ Date:_____
Signature

----------For Office Use----------

Receipt #_____ Date Received Payment _____