



West Virginia Department of Health and Human Resources

\_\_\_\_\_ Health Department

**APPLICATION FOR A PERMIT TO OPERATE A MOBILE FOOD ESTABLISHMENT  
(Out-of-State Vendor Residence)**

Mobile Food Establishment Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

OWNER Mailing Address: \_\_\_\_\_

OWNER Physical Address (if different from mailing): \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Mobile Food Establishment License Plate Number: \_\_\_\_\_ (REQUIRED)

**Person Directly Responsible for Mobile Food Establishment (Owner, Manager, Person-In-Charge):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Type of Operation:**

*TCS means time/temperature control for safety food, those requiring time/temperature controls. REQUIRED: To provide a sample menu.*

- Non-TCS Food with food preparation:
- TCS Food Prepackaged
- TCS Food with food preparation

**Please note: Inspection of the Commissary is required as part of the opening and routine mobile food establishment inspections.**

*I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.*

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**For Health Department Use Only**

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Permit  Issued  Denied Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Comments: \_\_\_\_\_