West Virginia Department of Health

 Health Department

**APPLICATION FOR A PERMIT TO OPERATE A STATEWIDE MOBILE FOOD ESTABLISHMENT**

**Mobile Food Establishment Name:**

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

**Owner Mailing Address:** \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner Physical Address (if different from mailing):** \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WV County** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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

**Will you be using a commissary?** **[ ]  Yes** **[ ]  No Location of Commissary:** \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**All mobile food establishments must comply with 64 CSR 17 Food Establishment Rule – 2013 FDA Food Code Chart 4-D FDA Food Code Mobile Food Establishment Matrix**

*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:**

SF-47 4-2024