



West Virginia Department of Health and Human Resources
_____ Health Department

APPLICATION FOR A RECIPROCITY PERMIT TO OPERATE AN IN-STATE MOBILE FOOD ESTABLISHMENT
(RECIPROCITY PERMIT ONLY)

Mobile Food Establishment Name: _____

Owner Name: _____ Phone: _____

OWNER Mailing Address: _____

OWNER Physical Address (if different from mailing): _____

_____ Email: _____

In State Mobile Food Establishment Permit County of Issuance: _____ Permit Number: _____

Mobile Food Establishment License Plate Number: _____ (REQUIRED)

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

Name _____ Title _____ Phone _____

Mailing Address _____

Will you be using a commissary? Yes No Location of Commissary: _____

How often will you return to your commissary while set up in this county? _____

If not returning to your commissary, attach a written plan for the activities that would have been done at the commissary? - SEE ATTACHED PLAN

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

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: _____