



West Virginia Department of Health and Human Resources

_____ Health Department

**APPLICATION FOR A PERMIT TO OPERATE AN IN-STATE MOBILE FOOD ESTABLISHMENT
(VENDOR COUNTY OF 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

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.

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: _____