

**LaPorte**  
Main Office  
809 State ST, Suite 401A  
LaPorte, IN 46350  
(219)326-6808 Ext.2200  
Fax (219)325-8628



**Michigan City**  
Branch Office  
300 Washington ST, Suite 106  
Michigan City, IN 46360  
(219) 874-5611 Ext.7780  
Fax (219) 873-3018

**Application for Mobile Food Establishment**

**Establishment Name:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Business Hours:** \_\_\_\_\_

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**Where would you like your business information sent?**

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

**Mailing Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**Commissary Information**

**Mailing Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

I/we agree to abide by all the provisions set forth in Ordinances 2013-15, of the County of LaPorte, Indiana. I/we also agree to notify the Health department of any change in management or ownership. I/we understand that this permit is issued only to the person(s) making application and is **not transferable**. The Health Department shall also be notified prior to remodeling, the purchase of equipment, or any additions to the menu. Failure to notify the Health Department can result in the suspension of this permit. I/we will also only prepare and cook food inside the inspected unit. I/we will also have all of our food stored in the unit and understand that mechanical refrigeration is required for all potentially hazardous foods. I/we will NOT dump our wastewater directly on the ground; instead, it will be disposed of in a sanitary manner.

**SIGNED:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

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For Food Division Office Only

Permit # \_\_\_\_\_

Subtype: Mobile      Code: M:1

License Fee: \$150.00

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For Office Clerical Use Only

Date Received: \_\_\_\_\_

Cash:     Check:     \*Check: # \_\_\_\_\_