

ANNUAL MOBILE APPLICATION
Grundy County Health Department
1320 Union Street Morris, IL 60450
815-941-3115 lwells@grundyhealth.com

FILL OUT COMPLETELY - PRINT OR TYPE - INCOMPLETE FORMS WILL BE RETURNED WHICH MAY DELAY THE ISSUANCE OF YOUR PERMIT

APPLICATION DATE _____ RENEWAL NEW APPLICATION
 TRUCK TRAILER

(All sections must be completed in order to be accepted)

NAME OF ESTABLISHMENT _____

OWNER ADDRESS _____ CITY _____

ZIP CODE _____ *PHONE _____ Number of Employees _____

*E-MAIL _____ EMAIL Owner _____

*CERTIFIED FOOD MANAGER _____ CERTIFICATION NUMBER _____ Exp. date: _____

*CERTIFIED FOOD MANAGER _____ CERTIFICATION NUMBER _____ Exp. date: _____

Vehicle Information _____

Owner/Operator _____ PHONE _____ Email: _____

*COMMISSARY NAME _____ *Phone _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

*Email _____ *Contact Name _____

Owner name _____ Phone _____ Email _____

*MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

* Establishment's operating hours/days SUN ___ M ___ T ___ W ___ TH ___ FRI ___ SAT ___

MAKE CHECK OR MONEY ORDER PAYABLE TO: GRUNDY COUNTY HEALTH DEPARTMENT
DO NOT SEND CASH PAYMENTS IN MAIL -

PERMIT FEE/RENEWAL APPLICATION DUE BY JANUARY 31 or 25% LATE FEE WILL BE APPLIED

(FOR OFFICE USE ONLY)

RECEIPT# _____ AMOUNT PAID: _____ DATE PAID: _____
PERMIT # _____ CHECK #: _____ CASH: _____ CC AUTHORIZATION #: _____



MFE= Mobile Food Establishment

Commissary/Servicing area/Approved kitchen is a permitted facility or location where food, and food related articles can be stored, as well as food related equipment and paper products. Also where you may be cleaning items that can't be cleaned in your truck or trailer.

THE FOLLOWING ITEMS MUST BE COMPLETE OR PERMIT WILL NOT BE ISSUED

Services that will be provided to the MFE:
(Describe in detail/Attach separate sheet if necessary)

Approved potable water source _____
(well/city water describe)

Food storage area _____ Cleaning area _____

Utensil washing area _____ Overnight storage _____

Equipment and utensil storage area _____

Overnight refrigeration/freezer describe _____

Waste water disposal location or method _____

Servicing facility health permit issued by which county?

**** Attach copy of Commissary food establishment permit and recent inspection REQUIRED****

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

Signature: _____ Printed name _____

Date: _____ Phone _____

Title: _____ Email _____

To be completed by GCHD office
Mobile Food Establishment (MFE) Risk level:
Low Medium High