



Warren County Health Department

Office of Environmental Public Health

Phone: 636-456-7474 / Fax: 636-456-4966

101 Mockingbird Lane, Ste 100 · Warrenton, MO 63383

eprouhet@warrencountymo.org/www.warrencountyhealth.com

2023 Application to Operate a Mobile/Temporary Food Service Unit

Permit Fee \$75.00

Amount Paid _____ Cash Check# _____ Receipt# _____

Directions: The operator of each Mobile Unit must complete the application and submit with the permit fee, and "No Tax Due" statement, to the Warren County Health Department.

Make Checks Payable To: Warren County Treasurer.

Owner/Applicant Name and Address: _____

Phone #(s): _____

Email: _____

Fax#: _____

Submission Date: _____

Name of Mobile Unit: _____

Location of Unit or Vendor Site#: _____

Location of commissary (if applicable): _____

Date of commissary inspection _____

Is this an approved site? _____

1. List all food and beverage items to be prepared and/or served. Attach a separate sheet if necessary: _____

2. Will all foods be prepared at the Mobile/Temporary Unit site? _____

If No, the operator MUST provide a copy of the latest inspection report from the permanent food establishment where the food will be prepared (Commissary).

3. Identify the sources for each meat, poultry, seafood, ice, and shellfish item :



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4. Describe the number, location and set up of hand washing facilities to be used by the Mobile Unit workers: _____
5. Describe how and where wastewater from hand washing and utensil washing will be collected,
Stored and disposed of _____

STATEMENT OF VERIFICATION

Application to Operate a Mobile Food Establishment

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Warren County Health Department may nullify final approval.

Owner/ Manager of Mobile Unit: _____

SIGNATURE (S) OF APPLICANT:

DATE: _____