



# Washington County Health Department

806 Martinsburg Rd. Suite 100 – Salem, IN 47167

--- [www.in.gov/localhealth/washingtoncounty](http://www.in.gov/localhealth/washingtoncounty) ---

Phone: (812)883-5603 Ext. 2003 Fax: (812)883-5017

<b>For Office Use Only</b>	
Permit# _____	Receipt# _____
Date Sent _____	Amount _____
Type of Permit _____	
Completed By _____	

## 2025 Annual Food Truck Permit Application

### Instructions:

- Please complete all items below by printing clearly.
- **You must fill out all information or this application will not be processed.**
- Application and fee must be post marked before expiration of current permit or late fee of \$50.00 will be added to your fee. We accept cash or check. Make checks payable to **Washington County Health Department**
- Please allow a minimum of 7 business days for processing of your application.
- **Permit must be posted in a conspicuous area in the Establishment or Mobile Unit for which it is issued.**

### Contact Information

Name of Establishment:			
Address of Establishment: (Street) (City) (State) (Zip)			
Mailing Address for Permit: (Street) (City) (State) (Zip)			
Mailing Address to send next application: (Street) (City) (State) (Zip)			
Establishment Phone:	Fax:	Establishment E-Mail:	
Name of Owner:	Owner Address: (Street) (City) (State) (Zip)		
Owner Email:	Owner Phone Number:		
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			
If corporation, list name: _____ Resident Agent: _____			

### Operations Information

Total Number of Employees (including owners, managers, staff in food service/preparation capacity):						
Name of Person in Charge:				Position Title:		
List the days and hours of operation (be specific)						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
Menu Type (use second page to determine menu type):						

## Fee Schedule

**Late fees apply if payment is not post marked before permit expiration date. (Not applicable to new establishments).**

**1-10 Employees \$75.00**  
**11+ Employees \$125.00**  
**Late Fee \$50.00**

**Application Submission Checklist (all items are required):**

- Copy of your current Permit and Permit for your Commissary kitchen
- Payment
- Copy of Certified Food Protection Manager Certification (If you are not exempt)
- Copy of Menu (\*\*For New Establishments/Food Trucks or Change of Menu\*\*)

*I certify that all information provided herein and on any attachments are true and correct. I understand that it is a felony to misrepresent or falsify any portion of this application or attached documents.*

X \_\_\_\_\_  
**Signature** **Printed Name** **Date**

### Menu Type

<p>1. Pre-packaged not potentially hazardous foods only. Limited preparation of non-potentially hazardous foods only.</p> <p><b>Examples: Popcorn; cotton candy; snow cones; roasted nuts; lemon shake ups; funnel cakes; sampling of non-potentially hazardous foods.</b></p>
<p>2. Limited menu (1-2 items). Pre-packaged raw ingredients are cooked or prepared to order. Retail food operations exclude deli and seafood department. Raw ingredients require minimal assembly. Most products are cooked/prepared and served immediately. Hot and cold holding of potentially hazardous foods is restricted to single meal service. Preparation processes requiring cooking, cooling, and reheated are limited to 1-2 potentially hazardous foods.</p> <p><b>Examples: Potentially hazardous foods requiring cold/hot holding; No cooking of raw meats, fish, poultry, eggs; Potentially hazardous food is precooked (heated and served); Pharmacy; fast food and gas stations not cooking raw meats, fish, poultry, eggs; Pizza; Hotdogs; Bakery</b></p>
<p>3. Extensively handling raw ingredients. Preparation process includes the cooking, cooling, and reheating of potentially hazardous food. Advanced preparation for next day service limited to 2-3 items. Retail food operations include deli and seafood departments.</p> <p><b>Examples: Potentially hazardous food requiring cold/hot holding; cooking of raw meats, fish, poultry, eggs; Most sit-down restaurants</b></p>
<p>4. Extensive handling of raw ingredients. Preparation processes include cooking, cooling, and reheating of potentially hazardous foods. Food processes include advanced preparation for next day service. Category would also include those facilities whose service population is highly susceptible.</p> <p><b>Examples: Regularly cooking more than 3 potentially hazardous food types in advance for next day service; Serving a highly susceptible population (e.g. 1) immunocompromised or adults 65 or older and in a hospital, 2) preschool age children in facility/childcare center, 3) children 9 and younger in facility served juice</b></p>
<p>5. Extensive handling of raw ingredients. Food processing at the retail level, e.g., smoking and curing; reduced oxygen packaging for extended shelf life.</p> <p><b>Examples: Canning; Vacuum packaging; Smoking/Curing</b></p>



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## 2024 Food Truck Additional Information

**\*\*\* If you own a food truck and would wish to apply for a Full Year Permit, then please fill out the additional information below and the included application.**

**\*\*\* You may only apply if your Food Truck / Trailer meets ALL requirements set forth by 410 IAC 7-24 Retail Food Establishment Sanitation Requirements.**

**\*\*\* If not from Washington County, then you are required to mail a copy of your local health departments most current Annual permit and the most recent permit for your commissary kitchen**

**\*\*\* If you do NOT wish to apply for an Annual permit then you can still apply for Temporary Event permits 30 days prior to event.**

### Truck / Trailer #1

Name of Food Truck:	License Plate Number:	State:
Year:	Make:	Model:
Power Supply: (generator or plug)		

### Truck / Trailer #2

Name of Food Truck:	License Plate Number:	State:
Year:	Make:	Model:
Power Supply: (generator or plug)		

### Truck / Trailer #3

Name of Food Truck:	License Plate Number:	State:
Year:	Make:	Model:
Power Supply: (generator or plug)		