

WHEELING-OHIO COUNTY HEALTH DEPARTMENT
MOBILE FOOD SERVICE PERMIT APPLICATION 2011-2012

OWNER/AGENT _____

OWNER'S ADDRESS _____

OWNER'S PHONE # () _____ FAX# _____

OWNER/AGENT SOCIAL SECURITY NUMBER _____ - _____ - _____
(or Federal ID)

NAME OF OPERATION _____

FORMERLY OPERATING AS _____

MAILING ADDRESS _____

LOCATION OF OPERATION _____

PHONE # () _____ FAX# () _____

UNIT ID #'s: _____

FEE SCHEDULE BASED ON # OF UNITS

MOBILE FOOD SERVICE

\$100.00 PER UNIT

OF UNITS _____

PLEASE ENCLOSE FEE, PAYABLE TO THE WHEELING-OHIO COUNTY HEALTH DEPARTMENT, WITH COMPLETED APPLICATION AND RETURN TO:

**Wheeling-Ohio County Health Department
1500 Chapline Street – Room 106
Wheeling, WV 26003**

For Health Department Use Only

Permit Number _____ **Date Issued** _____ **By** _____

Amount Paid _____ **Expiration Date** _____