



# 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.gov](mailto:eprouhet@warrencountymo.gov)/[www.warrencountyhealth.com](http://www.warrencountyhealth.com)

## 2026 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 to the Warren County Health Department.

**Make Checks Payable To: Warren County Treasurer.**

Owner/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Email: \_\_\_\_\_

Fax#: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Name of Mobile Unit: \_\_\_\_\_

Location of Unit or Vendor Site#: \_\_\_\_\_

Location of commissary: \_\_\_\_\_

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).



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

\_\_\_\_\_

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. And- *I am agreeing that I and my employees make food safety a priority, by taking food safety courses and by implementing and sharing what is learned with the other employees and that it is my and my employees' responsibility to be familiar with and follow the current food code.*

**Owner/ Manager of Mobile Unit:** \_\_\_\_\_

**SIGNATURE (S) OF APPLICANT:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_