

2026 Application for a Mobile Unit License: (check only one) ☐ **Food Service Operation**
☐ **Retail Food Establishment**

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **Perry County Health**
4. Return check and signed application **Department by*: Before First Event**

to: **Perry County Health Department**

PO BOX 230

New Lexington, OH 43764

**** All mobile units must apply for licensing, pay required fees, and be inspected by a Registered Environmental Health Specialist, prior to license being issued.****

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		Email	
City	State	Zip	
Phone #	Fax #	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone #	
Address		Email	
City	State	Zip	
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
Signature		Date	

Licenser to complete below

Category MOBILE			
PCHD License fee, Risk Level High = \$216.00, Low = \$108.00	+ Late fee (N/A for Mobile)	+ State amount 28.00	= Total amount due High = \$244.00, Low = \$136.00

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code. ***Health department use only***

By	Date	Audit no.	License no. 2
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As per AGR 1269 (Rev. 1/2018) The Baldwin Group, Inc.
 As per HEA 5319 (Rev. 1/2018) The Baldwin Group, Inc.