



# APPLICATION FOR MOBILE / PUSH CART HEALTH PERMIT

According to the Saint Louis County Food Code Ordinance Number 22,744:

1. No person shall operate a restaurant who does not have a current and valid permit issued to them by the Director of this Department.
2. Only a person who complies with the requirements of this Code shall be entitled to receive and retain such a permit.
3. A restaurant is defined by ordinance as any eating and/or drinking establishment.

TODAY'S DATE \_\_\_\_\_

## FACILITY INFORMATION (Mobile & Pushcarts are assigned our address)

FACILITY NAME \_\_\_\_\_

TELEPHONE# (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

FACEBOOK PAGE \_\_\_\_\_ INSTAGRAM \_\_\_\_\_

TWITTER \_\_\_\_\_

## OWNER INFORMATION

OWNER(S) (CHECK ONE):

AN INDIVIDUAL

A PARTNERSHIP

A CORPORATION

OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

Street

City

Zip

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

(Name & Phone Number)

## FEE SCHEDULE (Fees are non-refundable)

This application is for (check one):  Mobile Unit \$100.00  Pushcart \$35.00

Is the proposed menu attached?  Yes  No

Is the proposed schedule of events or locations attached?  Yes  No

**Applications will not be processed without our plan review application and fee. Contact us at (314) 615-8900 for additional information.**

**Note: If operating in unincorporated Saint Louis County, additional permits may be required. Contact the Zoning Division (Department of Public Works at (314) 615-2559. Contact the Division of Licensing (Department of Revenue) at (314) 615-4217 for a Street Vendor License.**

### HEALTH PERMITS ARE NOT TRANSFERABLE

Make check payable to: **SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH)**

Mailing address: **6121 NORTH HANLEY ROAD  
BERKELEY, MISSOURI 63134**

**Initial: \_\_\_\_ I have received a copy of the Mobile Unit Requirement Checklist and understand that ALL PLANS are held to the minimum requirements listed in the document.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_