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www.kanehealth.com

2026 Application for Mobile Vending Unit

	Truck	Trailer Pu	shcart (sele	ct one)		
Commissary:						
			ty:	State:_	Zip:	
Truck/Cart Numb	er:	Vehicle License	e:	Ye	ear:	
Name of Owner/E	Oriver:	A	Address:			
City:	S	tate: Zip: ₋		Phone #:		
Company Name:			_ Address:			
City:	State:_	Zip:	Pho	ne #:		
Fax #:	E	mail:				
Permit to be maile	ed to: [] commissa	ry [] owner/dr	iver (Permit will b	e mailed to owner/d	driver if not checked)	
Food: [] Pre-pa	ckaged [] Food p	reparation on vel	hicle Anticipat	ed Months:		
_	Init Classification (se			Permit: [] Ne	w []Renewal	
Food Source:						
Certified Food Pro	otection Manager:			Position:		
			Expiration Date:			
(Please check all that	apply) *** MECH	ANICAL REFRIGI	ERATION REQU	IRED ***		
	[] Off-ground [] [] [] [] [] [] [] [] [] [Steam table/Electr Crock Pot	ic [] Steam ta [] other (exp			
(location explanation)						
Protection: Source of Water:	[] Tent [] [] [] Pre-packaged [] Public [] Hand sink [] Spiggoted thermo	[] Individually [] Private wel [] Dispensed	wrapped [I [soap [In covered cont Transported Dispensed pap	per towels	
Utensil Washing:	[] Extra utensils Sanitizer type:					
-FOR OFFICE USE						
Permit: \$						
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Route Sheet

CHANGES TO THE ROUTE LISTED BELOW MUST BE SUBMITTED TO THE HEALTH DEPARTMENT

Time Arrive	Name of	Address	Town				
Time Leave	Company						
VENDOR CLASSIFICATIONS							
CATEGORY II - \$590.00 (Certified Food Protection Manager Required at all times) (Seasonal - less than 6 months pay \$528.00)							
Has few food handling operations and includes facilities that routinely:							
 hold hot or cold food for use prepare menu items that remains menu items requiring comp 	quire minimal handling, or	om canned, frozen, or fresh-pre	pared foods to limit handling.				
CATEGORY III - \$530.00 (Seasonal - less than 6 months	pay \$355.00)						
Have few or no food handling operations and include facilities that routinely:							
 serve only pre-packaged for prepare and serve only nor serve only non-alcoholic or 	n-potentially hazardous food su	ch as snack foods or soda, or					
Proof of approved sources m recognized health agency for			of a current inspection from a				
Applications for new annual mobile units submitted after July 1 pay half the appropriate fee							
I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF							

THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR MOBILE VENDING UNIT

Signature: