



MONROE COUNTY HEALTH DEPARTMENT

OUT OF COUNTY MOBILE FOOD UNIT REGISTRATION

Date Submitted: _____ Date of Event(s): _____

Business Name: _____

Business Address: _____

Business Phone #: _____ County: _____

Email: _____

Local Health Department Name: _____ Phone #: _____

In case of emergency, please contact: _____

You shall submit the following along with this registration form:

- Permit/Certificate from your Local County Health Department
- Copy of inspection report dated within the past 6 months

Checklist:

- ✓ Submit proper forms to Monroe County Health Department by mailing, faxing or emailing ALL documents prior to the event
- ✓ CONTACT THE CITY FOR WHICH YOU PLAN TO OPERATE PRIOR TO THE EVENT