



West Virginia Department of Health and Human Resources  
Health Department

APPLICATION FOR A RECIPROCITY PERMIT TO OPERATE AN IN-STATE MOBILE FOOD ESTABLISHMENT  
(RECIPROCITY PERMIT ONLY)

Mobile Food Establishment Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

OWNER Mailing Address: \_\_\_\_\_

OWNER Physical Address (if different from mailing): \_\_\_\_\_

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

In State Mobile Food Establishment Permit County of Issuance: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Mobile Food Establishment License Plate Number: \_\_\_\_\_ (REQUIRED)

Person Directly Responsible for Mobile Food Establishment (Owner, Manager, Person-In-Charge):

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Will you be using a commissary? ☐ Yes ☐ No Location of Commissary: \_\_\_\_\_

How often will you return to your commissary while set up in this county? \_\_\_\_\_

If not returning to your commissary, attach a written plan for the activities that would have been done at the commissary? - SEE ATTACHED PLAN

Type of Operation:

TCS means time/temperature control for safety food, those requiring time/temperature controls. REQUIRED: To provide a sample menu.

☐ Non-TCS Food with food preparation:

☐ TCS Food Prepackaged

☐ TCS Food with food preparation

*I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.*

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

For Health Department Use Only

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Permit ☐ Issued ☐ Denied Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Comments: \_\_\_\_\_

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