APPLICATION FOR MOBILE UNIT PERMIT
WILL COUNTY HEALTH DEPARTMENT

WCHD—Main office
501 Ella Avenue
Joliet, IL 60433
815-727-8490
Fax 815-740-8147

WCHD—North Branch
323 Quadrangle Drive
Bolingbrook, IL 60440
630-679-7030
Fax 630-679-7031

WCHD—East Branch
5601 W Monee-Manhattan Road
Suite 109
Monee, IL 60449
708-534-5721
Fax 708-534-3455

OWNER(S) INFORMATION:
Owner’s Name / Corporation Name: _____________________________________________
Corporate Officer’s Name & Title: _____________________________________________
Address:________________________________________Suite # _____ Alt. Address: ___________
City, State Zip: _____________________________________________________________
Phone #:_____________________________________________ Alt. Phone #:_____________________
Fax #: ___________________________ Email ____________________________

Type of ownership (check one) : Sole _____ Partnership _____ Corporation ______
Owner in WCHD system already? Yes or No

MOBILE UNIT: NEW, REMODEL, EXISTING (circle one)
Facility Name:_____________________________________________________________________
Address:___________________________________Suite # ____ Mailing Address: ______________________
City, State Zip: _______________________________________________ Alt. Phone/Fax#:_____________________
Facility Contact: ____________________________________________________________
License Plate & VIN# ___________________________ Expiration Date: __________
Certified Food Protection Manager and ID #:_____________________________ Phone #: ___________________________
Base of Operation:__________________________________________________________

FEE SCHEDULE:
Plan Review: Minor Plan Review for Existing Facility $190 (Flat Fee) and Priority Plan Review (reviewed in 7 days) 2x Applicable Fee
Mobile Units without Food Preparation: $220
Mobile Units with Food Preparation: $350

Mobile Unit Permit:
Push Carts for Frozen Novelties: $200
Mobile Units without Food Preparation: $255
Mobile Units with Food Preparation: $375

All fees are non refundable. Make checks payable to Will County Health Department.
Credit Card Payments can be made at www.govpaynow.com and use PLC7078 or call 888-604-7888 option #1

Hours of Operation (days and hours):
Send bill for permit fee to whom? Owner:_____ Facility: __________ Mailing Address: __________
Signature of Applicant: __________________________________________________________ Date: __________

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FOR OFFICE USE ONLY
SR #__________ PE#__________ Plan Fee Pd__________ Date:__________ Check #:__________ RP#__________
Permit Fee Pd__________ Date:__________ Check #:__________ RP#__________ CC Trans #__________
OW#__________ FA#__________ PR#__________ PE#__________