



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: _____

Phone#: _____ Alt. Phone/Fax#: _____

Facility Contact : _____ Title: _____

Phone #: _____ License Plate & VIN# _____

Certified Food Protection Manager and ID #: _____ Expiration Date: _____

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:** _____

FOR OFFICE USE ONLY

SR # _____ PE# _____ Plan Fee Pd _____ Date: _____ Check # _____ RP# _____

Permit Fee Pd _____ Date _____ Check # _____ RP# _____ CC Trans # _____

OW# _____ FA# _____ PR# _____ PE# _____