



# 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 Handler 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](http://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# \_\_\_\_\_