



## CERTIFICATION OF NON-OPERATIONAL MOBILE FOOD FACILITY

BUSINESS NAME: \_\_\_\_\_

OWNER NAME (S): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

ASSIGNED PERMIT STICKER # \_\_\_\_\_

I/We are no longer operating this mobile food facility and are requesting that the Environmental Health permit for this facility be cancelled. If the same mobile food facility is brought within the same permit year, a full permit fee will apply. I/ we hereby certify that the above mentioned information is true and correct. PERMITS AND FEES ARE NOT TRANSFERRABLE.

Print Owner/Representative: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only REHS APPROVAL: \_\_\_\_\_ RECORD ID (S) \_\_\_\_\_ DATE: \_\_\_\_\_