Fort Wayne-Allen County Department of Health

200 E Berry Street, Ste 360 ◆ Fort Wayne, IN 46802 ◆ (260) 449-7561 ◆ (260) 449-3010-Fax

Railroad Mobile Camp Application

(In accordance with 410 IAC 6-14 and Allen County Code Railroad Camp Car Inspection Ordinance 11-21-08-29)

NAME OF Owner of Camp Car: _____

Mailing Address for Camp Car Owner:_____
(street) (city) (state) (zip)

Establishment Phone: _____ Fax: _____ E-Mail: _____

Address or location of mobile camp: _____
(street) (city) (zip)

Date Mobile Camp arrived at this location: _____ Expected Date to depart from this location: _____

Where was this camp car system located prior to arriving in Allen County? _____
Was it inspected by a local health department there? ☐ Yes ☐ No If yes, which one? _____

-- THE FOLLOWING QUESTIONS MUST BE ANSWERED OR PERMIT WILL NOT BE ISSUED --

(1) Number of total camp cars in this group? _____
(2) # of Sleeping cars _____ # of food service cars _____ Other car types: _____
(3) Do you have an Oasis Car? _____
(4) Total number of Employees with this camp car system/location _____ (including all employees traveling with system, management, food service employees, etc.)
(5) What is the name of the Person-In-Charge for food service? _____ Position: _____
(6) What is the name of your Certified Food Handler? _____ Position: _____
(In accordance with 410 IAC 7-22, each food establishment must employ a certified food handler as of 1/1/05 unless otherwise exempt and must designate a "Person-in-Charge" on-site at all times.)
(7) Type of Water Supply to the Camp: ☐ Municipal ☐ Private (well) __ Other: _____
(8) Source of Potable water for culinary and drinking: _____
(9) List means of sewage or excreta collection and disposal: _____
(10) If Holding Tanks, list name of licensed wastewater hauler:_____

PERMIT FEE SCHEDULE

(This non-refundable fee.)

1-10 cars	**$ 465.00**	LATE FEE	$_____
11 or more cars	**$ 620.00**	**$250.00**	_____

Make all checks or money orders payable to the Fort Wayne-Allen County Department of Health.

NOTE: ***Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Fort Wayne-Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 24 business hours. If payment is not received within 24 business hours of notification, the establishment will be closed until fees are paid in full.***
COLLECTIONS NOTICE: ***Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Fort Wayne-Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.***

By signing below I agree to ALL terms and conditions listed on this permit application

Permit will not be issued if not properly signed!

Signature of Applicant(s) or Corporate Officer: _____
Must be signed in ink by applicant(s)

Printed Name of Applicant(s): _____

----------**FOR OFFICE USE ONLY BELOW THIS LINE**----------

_____ _____
Signature of Food Division Representative Date

District #: _____ Receipt Number: _____
Estab. #: _____ Permit #: _____
Date Entered: _____ Clerk: _____