



PERMIT APPLICATION FOR MOBILE FOOD UNIT

ADMINISTRATIVE INFORMATION

1. Please indicate whether this is a New Application or a Change of Ownership:

New Application

Change of Ownership

2. Name of Unit: _____

3. Unit Mailing Address: _____

4. Mobile Unit Vehicle License # or VIN: _____

5. Name of Base of Operation: _____

6. Base of Operation Owner: _____

7. Base of Operation Permit #: _____ County: _____

8. Base of Operation Mailing Address: _____

9. Unit Manager: _____

10. Unit Manager Email: _____ Phone #: _____

11. Unit Manager's Supervisor: _____

12. Billing Contact Name: _____ Phone #: _____

13. Billing Address: _____

14. Billing Contact E-mail: _____

15. Business Ownership Type: Individual Corporation Partnership Association LLC Other

If Other please explain: _____

If Association, Partnership, Corporation, LLC or Other, provide name, title, address and phone number of persons involved, including owners and officers.

Name	Title	Address	Phone

Name	Title	Address	Phone



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OPERATIONAL INFORMATION

1. Please answer the following based on operations performed on your mobile unit (check all that apply):
 - Unit only serves packaged food that has been prepared at the permitted Base of Operation
 - Unit does not cook any raw animal foods; only reheats commercially precooked ingredients
 - Unit cooks raw animal foods on the mobile unit
 - Unit serves raw or undercooked animal foods in a ready to eat form (*steaks/burgers, sashimi, ceviche, eggs, etc.*)
 - Other _____

2. Will any food be chopped, sliced, diced, or cooled on the unit? Yes No *If YES, please describe where and how this will happen on the unit:*

3. Sinks in/on unit:
 - a. Will each sink be supplied with hot and cold running water under pressure? Yes No
 - b. Number of handwashing sinks: _____ Dimensions: _____
 - c. Number of three-compartment sinks: _____ Dimensions: _____
 - d. Number of vegetable prep sinks: _____ Dimensions: _____
 - e. Number of meat prep sinks: _____ Dimensions: _____

4. Water Pump: Make: _____ Model: _____ GPM: _____

5. Water Heater (select type):
 - Tank type: Make: _____ Model: _____ Capacity: _____ BTU or KW: _____
 - On-demand / Instantaneous: Flow Rate in GPM: _____

6. Freshwater Tank:
 - a. Capacity/Volume: _____
 - b. Is the inner diameter of the water tank inlet three-fourths inch (19.1 mm) or less? Yes No
 - c. Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service? Yes No

8. Wastewater Tank:
 - a. Capacity/Volume (*must be 15% larger than freshwater tank*): _____
 - b. Is the wastewater tank sloped to a drain with an inner diameter that is at least 1 inch (25 mm)? Yes No
 - c. Is the drain equipped with a shut-off valve? Yes No



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OPERATIONAL INFORMATION cont'd

9. Please describe the method for removing the wastewater, and flushing and draining the waste retention tank at the Base of Operation: _____

10. Power Supply (select all that apply):

- Generator: Make:_____Model:_____Fuel type:_____Watts:_____
- Electrical power cord only (will plug into an existing outlet at vending location)
- Propane Battery

11. How will Time/Temperature Control for Safety (TCS) foods be maintained at proper temperature while unit is moved between locations? _____

12. Thermostatic Temperature Control of Food:

- a. Number of refrigeration units (*thermometer required in warmest part of unit*): _____
- b. Number of freezer units (*thermometer required in warmest part of unit*): _____
- c. Number and type of hot holding units (*e.g., steamtables, heat lamps, etc.*): _____

13. Please indicate the types and number of equipment used for cooking or reheating TCS foods (check all that apply):

- Inside Grills:_____ Outside Grills (*requires permanent overhead protection*): _____
- Smokers:_____ Stoves:_____ Ovens:_____ Fryers:_____
- Other (explain): _____



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DESIGN, CONSTRUCTION & MATERIALS

1. Please indicate the type of materials used (e.g., FRP, laminate, stainless steel, tile, etc.)

a. Trailer or Truck:

Floor: _____

Walls: _____

Ceiling: _____

b. Pushcart: _____

Please enclose the following documents:

- Menu
- At least 2 photographs of the unit: one of the outside and one of the inside
- Detailed drawing (as close to-scale as possible) with all equipment clearly labeled
- Manufacturer's specification sheets for all equipment (cooking, cold holding, hot holding, freshwater & wastewater tanks, generator, etc.)
- Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached
- Proof of compliance with all other applicable agencies (e.g. zoning, fire, etc.)
- Mobile Food Unit Location Form (<https://dph.georgia.gov/environmental-health/food-service>)
- Copy of Toilet Use Agreement Form (<https://dph.georgia.gov/environmental-health/food-service>)
- Copy of Property Use Agreement Form (<https://dph.georgia.gov/environmental-health/food-service>)

I attest that the information provided within this document is true and accurate. I agree to comply with the State of Georgia Rules and Regulations for Food Service Chapter 511-6-1. I understand that only the foods listed on the menu submitted with the Base of Operation plans may be prepared and served in this unit. I will notify the health department of jurisdiction at least 7 days in advance of any change in vending locations.

ALL FOOD VENDORS SHALL BE REGISTERED WITH THE CITY / COUNTY BUSINESS LICENSE OFFICE.

Name of Owner or Authorized Agent

Title

Signature

Date

Address

Phone



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FOR HEALTH DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____
Printed Name Title Signature

DATE APPROVED: _____ COUNTY OF ORIGIN: _____

MOBILE FOOD UNIT PERMIT #: _____