PERMIT APPLICATION FOR MOBILE/EXTENDED FOOD SERVICE UNITS
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MOBILE/EXTENDED FOOD SERVICE UNITS

☐ New Application – A new Mobile/Extended Base of Operation requires a separate Food Service Application
☐ Change of Ownership – A new Mobile/Extended Base of Operation requires a separate Food Service Application

Name of Mobile/Extended Unit:
__________________________________________________________________________________________________
Street # and Name Suite City Zip Code

Mobile/Extended Unit Mailing Address:
Include suite #
Street # and Name Suite City Zip Code

Name of Base of Operation:
__________________________________________________________________________________________________

Base of Operation Owner: ___________________________ COUNTY: ___________________________

Base of Operation Mailing Address:
Include suite #
Street # and Name Suite City Zip Code

Mobile/Extended Unit Manager: ___________________________ Phone: ___________________________

Mobile/Extended Unit Manager E-mail Address: ___________________________

Mobile Unit Vehicle License Number: ___________________________

Unit Manager: (NAME) (ADDRESS) (CITY) (ZIP CODE)

Manager’s Supervisor: ___________________________ (NAME) (ADDRESS) (CITY) (ZIP CODE)

Billing Contact Name: ___________________________ Phone: ___________________________

Billing Address: Street # and Name Suite City State Zip Code

Billing Contact E-mail Address: ___________________________

Business Ownership Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Association ☐ LLC ☐ Other:
If Association, Partnership, Corporation, LLC or Other, provide name, title, address and phone number of persons involved, including owners and officers. Otherwise indicate N/A.

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This food service unit will operate as part of (check applicable blocks): ☐ Mobile Food Service Operation ☐ Extended Food Service Operation
Please provide Unit Location information. Please note: Extended units must be on same property as the base of operation. Attach additional page, if necessary.

Unit Location: ____________________________________________________________
Location Name and Address
Mon Tue Wed Thu Fri Sat Sun

Unit Location: ____________________________________________________________
Location Name and Address
Mon Tue Wed Thu Fri Sat Sun

Unit Location: ____________________________________________________________
Location Name and Address
Mon Tue Wed Thu Fri Sat Sun

Unit Location: ____________________________________________________________
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Mon Tue Wed Thu Fri Sat Sun

Unit Location: ____________________________________________________________
Location Name and Address
Mon Tue Wed Thu Fri Sat Sun

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Revised 11/13/2015
OPERATIONAL INFORMATION

1. Please answer the following based on your operations performed on your mobile/extended unit (check all that apply):

- Mobile/extended unit only serves packaged food that has been prepared at the permitted base of operation
- Mobile/Extended unit does not cook any raw animal foods; only reheat commercially precooked ingredients
- Mobile/extended unit cooks raw animal foods on the mobile unit
- Mobile/extended unit serves raw or undercooked animal foods in a ready to eat form (i.e. rare steaks/burgers, sashimi, etc)
- Other _________________________________________________________

2. Total number of Managers (have supervisory/management responsibility) on the mobile unit which are certified in Food Safety. __________

3. How is waste water removed from the unit? Describe how and where waste water is disposed.

_____________________________________________________________________________________
_____________________________________________________________________________________

4. What is the capacity of the waste water storage tank? ________________________________

5. How is power supplied to the mobile unit? __________________________________________

_____________________________________________________________________________________

6. List all sinks in the mobile unit. (Provide sink dimensions): __________________________

_____________________________________________________________________________________

7. Describe how garbage is stored and where it is discarded. _____________________________

_____________________________________________________________________________________

8. Where is your restroom facility located at the vending locations? ______________________

_____________________________________________________________________________________

9. Where is the mobile unit stored when not in use? ________________________________

10. Describe the overhead protection of your cart when parked/stored (if applicable)________

_____________________________________________________________________________________

11. Describe how your food service and preparation areas are enclosed/protected from vermin. __________
12. Where is the unit cleaned? ____________________________________________________________

13. Does each refrigerator/freezer have a thermometer in the warmest part of the unit? YES □ NO □
   Number of refrigeration units: _______             Number of freezer units: ________

14. Is ice used? YES □ NO □ If so, please describe where ice is obtained. ________________________

15. Which barriers (such as disposable, single-use gloves, utensils, food grade paper, etc.) do you plan to utilize to prevent handling of ready-to-eat foods with bare hands? ____________________________________________

16. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?
   Chemical Type: _______________  Concentration: _______________  Test Kit: YES □ NO □

17. Are raw fruits and vegetables served on the menu or ingredients in dishes? YES □ NO □
   If yes, where will raw fruits and vegetables be washed? ______________________________________

18. Are there any other locations besides the main kitchen area is which food is planned to be held stored, or prepared prior to being served? __________________________________________________

19. What is the capacity of the hot water generator?__________________________________________

20. Is the hot water generator sufficient for the needs of the establishment? YES □ NO □
   Please provide the Water Heater:
   Make _____________  Model _________________ Storage Capacity ______  BTU or KW ________

HANDWASHING/TOILET FACILITIES

21. Is there a hand washing sink in each food preparation and warewashing area? YES □ NO □

22. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES □ NO □

23. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES □ NO □

24. Is hand soap available at all hand washing sinks? YES □ NO □

25. Are hand drying facilities (paper towels, blowers) available at all hand wash sinks? YES □ NO □
26. Are covered waste receptacles available in each restroom? YES ☐ NO ☐

27. Is hot and cold running water under pressure available at each hand washing sink? YES ☐ NO ☐

28. Briefly describe where products being sold will be stored when mobile unit is not in operation? __________

Please enclose the following documents:

- Proposed Menu
- Manufacturer Specification sheets for each piece of equipment shown on the plan (include hot water heater specifications and water/sewage holding tanks)
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
- Plan (drawn to scale) of mobile unit showing location of equipment, plumbing, electrical services and mechanical ventilation, dump station
- Equipment schedule
- Water supply
- Complies with all other provisions of laws that apply to the location, construction and maintenance of food service establishments and the safety of persons therein

* You are required to notify the health department of jurisdiction at least 7 days in advance of any change in vending locations. Include the following paperwork:

1) Copy of approved menu for base of operation
2) Copy of the most recent base of operation’s Food Service Inspection Report
3) Copy of the Mobile Food Operations Permit (if Out-of-County)
4) Copy of letter of authorization for use of restroom facilities within 200 feet when serving at location not owned by you (for mobile units)
5) Copy of letter of authorization from property owner granting permission to vend if the location is not owned by you
6) ENSURE clearance of City/County government to operate in desired location
7) Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached

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 establishment 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.

PERMITS ARE NOT TRANSFERRABLE FROM COUNTY TO COUNTY. ALL FOOD VENDORS SHALL BE REGISTERED WITH THE CITY / COUNTY BUSINESS LICENSE OFFICE.
Disposition: ________________________________________________________________

Base of Operation permit has been issued: □ Yes □ No

Unit Permit Issued: □ Yes □ No

☐ Applicant Referred Back to County of Origin Date: ____________________________

Special comments: __________________________________________________________

____________________________________________________________________________