



# 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**

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APPROVED BY: \_\_\_\_\_  
Printed Name Title Signature

DATE APPROVED: \_\_\_\_\_ COUNTY OF ORIGIN: \_\_\_\_\_

MOBILE FOOD UNIT PERMIT #: \_\_\_\_\_