



# Mobile Food Event Organizer's Application

**ORGANIZER'S APPLICATION MUST BE RECEIVED 10 DAYS BEFORE THE EVENT  
ALONG WITH A LIST OF ALL MOBILE FOOD VENDORS WHO WILL BE ALLOWED  
BY THE ORGANIZER TO PARTICIPATE IN THE EVENT**

Organizer's Name: \_\_\_\_\_ Organizer's Phone: \_\_\_\_\_

Organizer's Address: \_\_\_\_\_  
Please include suite # Street Name and # Suite City State Zip Code

Organizer's E-mail Address: \_\_\_\_\_

Name of Food Truck Event: \_\_\_\_\_

Food Truck Event Address: \_\_\_\_\_  
Street Name and # City Zip Code

Event Date: \_\_\_\_\_ Set Up Time: \_\_\_\_\_

Event Begin Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

***If the Food Truck Event is recurring, please provide your operating schedule***

Number of mobile food vendors expected: \_\_\_\_\_ Names to be provided one week in advance of event

***All mobile food vendors shall be registered with the City / County Business License Office***

## PROPERTY OWNER'S PERMISSION REQUIRED

Is event location the property of the organizer?  Yes  No

If No, what proof is provided granting the organizer permission to use the property for the event? (Attach Proof)

## CLEARANCE REQUIRED FROM CITY / COUNTY GOVERNMENT TO HOLD EVENT (Clearance is not required for limited service event such as serving an office building)

Proof of City / County Authorization: \_\_\_\_\_  
Signature of City / County representative, official stamp or authorization letter required.  
(Attach copy of authorization letter)

## TOILET FACILITIES (within 200 feet of food vending)

1. Where will the toilet facilities for the food vendors be located? \_\_\_\_\_

2. If tables for eating are provided or if event is more than 2 hours, where will the toilet facilities be located for the patrons? \_\_\_\_\_

**WASTE DISPOSAL (Solid and Liquid)**

1. What type container(s) will be used for solid waste disposal at the event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It will be the organizer's and / or property owner's responsibility to ensure that only permitted vendors shall participate in the event.**

\_\_\_\_\_  
Onsite Coordinator's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Onsite Coordinator's Signature

\_\_\_\_\_  
Onsite Coordinator's Phone #

**Return the completed application, with documentation, to the Center for Environmental Health:**

***Cobb County:***

1738 County Services Parkway SW, 2<sup>nd</sup> Floor, Marietta, GA 30008-4012  
Office: (770) 435-7815 | Fax: (770) 431-7410

***Douglas County:***

8700 Hospital Drive, 1<sup>st</sup> Floor, Douglasville, GA 30134-2264  
Office: (770) 920-7311 | Fax: (770) 920-7317

**Applicable fees will apply.**