



Georgia Department of Public Health Mobile Food Service Unit and Extended Food Service Permit Application



OFFICE USE ONLY

Date _____ Amount Paid \$ _____ DHD # _____
 Receipt # _____ Invoice # _____ Check # _____ Cash MC Visa Discover

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

Name of Mobile / Extended Unit: _____

Mobile / Extended Unit Mailing Address: _____
 Include suite, unit or apt. # _____ Street # and Name _____ City _____ Zip Code _____

Name of Base of Operation: _____

Base of Operation Owner: _____ Phone: _____

Base of Operation Mailing Address: _____
 Include suite, unit or apt. # _____ Street # and Name _____ City _____ Zip Code _____

Unit Manager Name: _____ Phone: _____

Unit Manager Mailing Address: _____
 Include suite, unit or apt. # _____ Street # and Name _____ City _____ Zip Code _____

Unit Manager E-mail Address: _____

Mobile Unit Vehicle License Plate Number: _____

Billing Company Name: _____

Billing Contact Name: _____ Phone: _____

Billing Address: _____
 Include suite, unit or apt. # _____ Street # and Name _____ 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**.

Name	Title	Address	Phone
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Name	Title	Address	Phone
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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; attach additional page if necessary. **Please note: Extended units must be located on same property as base of operation.**

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

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

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

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

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

Please include the following documents with your application:

- 1) Plan, drawn to scale, of mobile unit showing location of equipment, plumbing, electrical services and mechanical ventilation, and waste water tank
- 2) Equipment list
- 3) Proposed menu or copy of the current county of origin approved menu
- 4) Copy of the most recent commissary / base of operations Food Service Inspection Report
- 5) Copy of the Mobile Food Operations Permit (if Out-of-County)
- 6) Copy of letter of authorization for use of restroom facilities within 200 feet when serving at location not owned by you
- 7) Copy of letter of authorization from property owner granting permission to vend if the location is not owned by you
- 8) Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached

I attest that the information provided above 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 by 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 OWNER TO OWNER OR COUNTY TO COUNTY

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

Name of Owner or Authorized Agent	Title
Signature	Date
Address	Phone

DO NOT WRITE BELOW THIS LINE – HEALTH DEPARTMENT USE ONLY

Disposition:

Unit Permit Issued: Yes No

Applicant Referred Back to County of Origin

Date: _____

Special comments: _____

You may obtain a copy of the Rules and Regulations for Food Service by visiting our website: www.cobbanddouglaspublichealth.com.

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

Cobb County:

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

Douglas County:

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

Applicable fees will apply.

OPERATIONAL INFORMATION

1. Please answer the following based on the 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 who 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 and 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 YES, please describe where ice is obtained. _____

15. Which of the following will be used to prevent handling of ready-to-eat foods? **Please check all that apply.**

- Disposable gloves
- Utensils
- Food grade paper

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?

16. Chemical type: _____ Concentration: _____ Test Kit: YES NO

17. Are raw fruits and vegetables serves on the menu to be served 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 in 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. Type of water heater (hot water generator): Tank Tankless

Make, model, storage capacity and BTU / KW of the **tank** water heater:

Make _____ Model _____ Storage Capacity _____

What is the BTU of the **tank** hot water heater? _____

Make, model and gallons per minute (GPM) of the **tankless** water heater:

Make _____ Model _____ GPM _____

21 Describe where products being sold will be stored when mobile unit is not in operation: _____

HANDWASHING / TOILET FACILITIES

Is there a hand washing sink in each food preparation and ware washing area?

22. YES NO

Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet for hot / cold water?

23. YES NO

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?

24. YES NO

Is hand soap available at all hand washing sinks?

25. YES NO

Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?

26. YES NO

Is hot and cold running water under pressure available at each hand washing sink?

27. YES NO