



PERMIT APPLICATION FOR MOBILE FOOD TRUCK, TRAILER OR PUSHCART (ADDITIONAL COUNTIES)



THIS APPLICATION IS FOR EXISTING MOBILE FOOD UNIT PERMIT HOLDERS WHO WISH TO OPERATE IN ANOTHER COUNTY FROM THEIR COUNTY OF ORIGIN. PLEASE SUBMIT THIS APPLICATION TO THE COUNTY HEALTH DEPARTMENT IN WHICH YOU WANT TO OPERATE ALONG WITH THE REQUESTED DOCUMENTATION.

Please enclose the following documents:

- Copy of your Base of Operation permit, Mobile Food Unit permit, inspection reports for both the Base of Operation and Mobile Food Unit from the county of origin, and approved application from the county of origin
- Approved 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
- Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached
- Proof of compliance with all other applicable local 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 with this document is true and accurate, and that I have not made any changes to my operation since receiving my permit from the county of origin. 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

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.

FOR HEALTH DEPARTMENT USE ONLY:

Top portion of form is to be retained in file, lower portion is to be issued to the mobile food operator for display until initial inspection is conducted.

DATE ISSUED: _____ DATE OF EXPIRATION: _____

MOBILE UNIT NAME: _____

MOBILE UNIT PERMIT HOLDER NAME: _____

MOBILE UNIT PERMIT HOLDER PHONE: _____ EMAIL: _____

MOBILE UNIT PERMIT HOLDER ADDRESS: _____

MOBILE UNIT PERMIT #: _____ COUNTY: _____

INTERIM PERMIT ISSUED BY: _____

FEES PAID? YES NO

INTERIM PERMIT FOR MOBILE FOOD TRUCK, TRAILER, OR PUSHCART

DATE ISSUED: _____ DATE OF EXPIRATION: _____

MOBILE UNIT NAME: _____

MOBILE UNIT PERMIT HOLDER NAME: _____

MOBILE UNIT PERMIT (if issued otherwise put PENDING) #: _____

COUNTY: _____

This Interim permit will allow the mobile unit to operate in this county for up to 14 consecutive days upon issue. The mobile unit operator is responsible for contacting the issuing health authority to schedule an initial inspection after receipt. Any unit operating after the expiration date will be in violation of Chapter 511-6-1-.02(1)a, and subject to permit suspension or revocation until an inspection is completed.

PERMIT ISSUED BY: _____

PRINTED NAME

TITLE

SIGNATURE



DISPLAY FOR PUBLIC VIEW – NOT TRANSFERABLE



**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

Name	Title	Address	Phone

This food service unit will operate as part of (check applicable blocks): Mobile Food Service Operation Extended Food Service Operation