

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

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# PERMIT APPLICATION FOR 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**.

Name	Title	Address	Phone

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

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**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. \_\_\_\_\_

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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. \_\_\_\_\_

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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? \_\_\_\_\_

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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 in which food is planned to be held stored, or prepared prior to being served? \_\_\_\_\_

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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

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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? \_\_\_\_\_

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**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.**

\_\_\_\_\_  
Name of Owner or Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
.Address

\_\_\_\_\_  
Phone

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**DO NOT WRITE BELOW THIS LINE – HEALTH DEPARTMENT USE ONLY**

**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:** \_\_\_\_\_

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You may obtain a copy of the Rules and Regulations for Food Service by visiting our website at <http://dph.georgia.gov/food-rules-and-regulations>.