

**MOBILE FOOD SERVICE UNIT APPLICATION PACKET
(EXTERNAL BASE OF OPERATION)**

Mobile food service unit means a trailer, pushcart, vehicle vendor or any other similar conveyance operating as an extension of and under the managerial authority of the permit holder of its permitted base of operation. The mobile food service unit and its permitted base of operation together make a mobile food service establishment.

Food vending location means a fixed property location where a mobile food service unit or extended food service unit parks to offer its food products to its consumer or a route along a street that a mobile food service unit travels and periodically stops, at predetermined dates and times, to offer its food products to its consumers. The established boundaries of a City, County, the State of Georgia, or any combination thereof, shall not be used to define a food vending location.

511-6-1-.08(1)(f)4

The base of operation or fixed food service establishment used as a base of operation for mobile food units and extended food service units shall be constructed and operated in conjunction with the mobile food service unit or extended food service unit under the active managerial control of a single permit holder to be in compliance with the requirements of this Chapter.

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 _____

NOTICE: ALL REQUIRED DOCUMENTS AND FEES MUST BE SUBMITTED TO THE DIVISION OF ENVIRONMENTAL HEALTH BEFORE THE PLAN REVIEW PROCESS BEGINS.

FEES ARE NOT TRANSFERABLE OR REFUNDABLE



ADDENDUM TO
 APPLICATION FOR FOOD SERVICE PERMIT
 Division of Environmental Health
 Food Protection Program
 445 Winn Way, Suite 320
 Decatur, GA 30030
 Phone: (404) 508-7900 Fax: (404) 508-7979
www.dekalbhealth.net

The following information is REQUIRED. Please return this completed form with the FOOD SERVICE PERMIT APPLICATION.

Name of Establishment: _____

Establishment Address: _____

Number of Seats: _____ **Total Square Footage of kitchen, bar, storage and restrooms:** _____

Total square footage of the building: _____

TOTAL Number of Managers: _____ **Food Handlers:** _____ **Waiters:** _____ **Deliverers:** _____

Estimated/Projected Number of Meals Served Weekly (approximate number):
Breakfast: _____ **Lunch:** _____ **Dinner:** _____ **Cater:** _____

Total number of Managers with supervisory responsibility certified in Food Safety (i.e. ServSafe Certified, HACCP Certified, etc.) Please mail copies of certificates with application: _____

Type of Service [check all that apply]:

- Sit Down Meals (Patron restroom required)
- Take-out
- Drive-thru
- Catering
- Mobile Unit
- Delivery
- Other _____

Days and Hours of Operation

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
OPENING TIME:							
CLOSING TIME:							

Signature: _____

Date: _____

Print Name: _____

Owner **Agent**



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

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

Verification of Lawful U.S. Residency for License Application
O.C.G.A. Section 50-36-1(e)(2)

As part of my application for licensure from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[Check one of the following]

- (1) A citizen of the United States;
(2) A legal permanent resident of the United States;
or
(3) A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number.....

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). The secure and verifiable document is my.....

The original "secure and verifiable document" was shown to the notary public, and a true copy of the document is attached to my application with this affidavit.

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face criminal penalties authorized by that statute.

Subscribed and sworn before me this ___ day of _____, 20__ .

Signature of Applicant

Printed Name Of Applicant

Notary Public

My Commission Expires _____



Georgia Food Service Mobile Unit Location listing

Name of Mobile unit: _____ License Number: _____

Name of Base of Operation: _____ Name of Permit Holder: _____

Specific LOCATION	TIME of Day	Day of WEEK (please circle applicable days)	Specific location of TOILET ROOMS available to the mobile unit
		M T W Th F Sa Su	
		M T W Th F Sa Su	
		M T W Th F Sa Su	
		M T W Th F Sa Su	
		M T W Th F Sa Su	

Note: The specific location may be a physical address or intersection of road with landmarks by which the mobile can be located. A change in the locations listed must be submitted to the local Health Authority at least 7 days prior to changing the location. Prior to a change in location, ensure authorization has been granted from the local City/County government office (e.g. Zoning).

I attest that the aforementioned mobile unit will operate at the above listed locations as submitted to the Health Authority this _____ day of _____ 20____.

Name: _____

Title: _____

Sign: _____



TOILET USE AGREEMENT FOR MOBILE FOOD SERVICE UNIT

Toilet facilities must be located within 200 feet from the Mobile Food Service Unit.

SANITARY TOILET FACILITY INFORMATION:

Owner Name: _____ Phone #: (_____) _____

Owner Street Address: _____

City: _____ Zip Code: _____

Toilet Facility Address: _____

City: _____ Zip Code: _____

I agree to allow the employees and consumers of the Mobile Food Service Unit listed below to use my sanitary toilet facilities at the location listed above during the operational hours of the Mobile Food Service Unit.

Owner Signature: _____ Date: _____

MOBILE FOOD SERVICE UNIT INFORMATION:

Business Name: _____ Permit #: _____

Owner Name: _____ Phone #: (_____) _____

City: _____ Zip Code: _____

Food Vending Location Address: _____ Hours of Operation: _____

Owner Street Address: _____

City: _____ Zip Code: _____

As a Mobile Food Service Unit permit holder, I understand that if toilet facilities are not available for employee/consumer use, then the Mobile Food Service Unit will be removed from the Food Vending Location completely.

Permit Holder Signature: _____ Date: _____



MOBILE FOOD SERVICE UNIT PROPERTY USE AGREEMENT

The property owner agrees to allow the Mobile Food Service Unit listed below to use his/her property (indicated below) as a Food Vending Location during the times specified below.

PROPERTY OWNER INFORMATION:

Owner Name: _____ Phone (_____) _____

Street Address of Owner: _____

City: _____ Zip Code: _____

E-Mail Address: _____ Signature: _____

Date: _____

MOBILE FOOD SERVICE UNIT INFORMATION:

Name of Mobile Food Service Unit: _____ Permit #: _____

Name of Mobile Food Service Unit Owner: _____ Phone (_____) _____

Times of Operation: _____

Base of Operation Address: _____ Phone (_____) _____

City: _____ Zip Code: _____

Property/Food Vending Location Address: _____

City: _____ Zip Code: _____

E-Mail Address: _____ Signature: _____

Date: _____

NOTE: As a Mobile Food Service Unit permit holder, I understand and agree that if I make any changes to my Food Vending Location, I must notify the Environmental Health Department (EH) within seven (7) calendar days. I further understand that failure to notify EH of any changes may result in the suspension or revocation of my permit to operate as a Mobile Food Service Unit.