MOBILE FOOD TRUCK, TRAILER, OR PUSHCART AUTHORIZATION (ADDITIONAL COUNTIES)

Mobile Food Truck Authorization for counties outside the county of origin

THIS APPLICATION IS FOR PERMITTED MOBILE FOOD SERVICE 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 YOUR MOBILE FOOD SERVICE UNIT ALONG WITH THE REQUESTED DOCUMENTATION.

_____	_____	_____
Mobile Food Service Unit Name	**County of Origin Permit Number**	**License Plate Number**

Please enclose the following documents (electronic delivery, such as email submission of these documents is acceptable; contact county for details):

- A Listing of locations, dates, and times in the county the mobile food unit intends to operate. (ex: link to website listing an updated calendar of dates/times)
- Copy of current Menu for mobile listed above
- Proof of compliance with all other applicable local agencies (e.g. zoning, fire, etc.)
- Completed Toilet Use Agreement Form
- Completed Property Use Agreement Form

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 from 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 upon completion of document.

NOTE: *EHS shall enter the information from the permit issued by the county origin below and based off the supplemental documentation provided for review and verification determine if an Authorization to Operate can be issued to operator.*

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:**_____

AUTHORIZATION TO OPERATE APPROVED? ❑ YES ❑ NO **FEES PAID** ❑ YES ❑ NO

AUTHORIZATION TO OPERATE ISSUED BY: _____

COUNTY OF AUTHORIZATION: _____

"AUTHORIZATION TO OPERATE" FOR MOBILE FOOD TRUCK, TRAILER, OR PUSHCART

DATE ISSUED: _____ **DATE OF EXPIRATION (if applicable):**_____

MOBILE UNIT NAME: _____

MOBILE UNIT PERMIT HOLDER NAME: _____

COUNTY: _____

This authorization will allow the mobile unit to operate in the county upon issue. The mobile unit operator is subject to county (health authority) enforcement of the Georgia Food Service Rules and Regulations. The mobile food service establishment shall allow the issuing health authority access of the operation for the purpose of inspection. If the County of Origin for which holds the permit of the mobile food service establishment has an expiration date for such permit, this authorization is subject to the same expiration timeline as said permits. Upon expiration, the mobile unit operator shall renew authorization to continue operation of the mobile unit.

AUTHORIZATION ISSUED BY: _____

PRINTED NAME **TITLE** **SIGNATURE**

MOBILE FOOD UNIT OPERATORS SHALL RETAIN FOR HEALTH DEPARTMENT REVIEW DURING INSPECTION.

DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

AUTHORIZATION CERTIFICATE – NOT TRANSFERABLE