Georgia Department of Public Health

PERMIT APPLICATION FOR MOBILE FOOD UNIT

ADMINISTRATIVE INFORMATION

1. Please indicate whether this is a New Application or a Change of Ownership:

   ☐ New Application ☐ Change of Ownership

2. Name of Unit:_____
3. Unit Mailing Address: _____
4. Mobile Unit Vehicle License # or VIN:_____
5. Name of Base of Operation:_____
6. Base of Operation Owner:_____
7. Base of Operation Permit #:_____County:_____
8. Base of Operation Mailing Address:_____
9. Unit Manager:_____
10. Unit Manager Email:_____Phone #:_____
11. Unit Manager's Supervisor:_____
12. Billing Contact Name:_____Phone #:_____
13. Billing Address:_____
14. Billing Contact E-mail:_____
15. Business Ownership Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Association ☐ LLC ☐ Other

    If Other please explain:_____
    If Association, Partnership, Corporation, LLC or Other, provide name, title, address and phone number of persons involved, including owners and officers.

Name	Title	Address	Phone

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OPERATIONAL INFORMATION

1. 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 _____

2. Will any food be chopped, sliced, diced, or cooled on the unit? ❑ Yes ❑ No *If YES, please describe where and how this will happen on the unit:*

   _____

   _____

3. Sinks in/on unit:
   a. Will each sink be supplied with hot and cold running water under pressure? ❑ Yes ❑ No
   b. Number of handwashing sinks: _____ Dimensions: _____
   c. Number of three-compartment sinks:_____ Dimensions:_____
   d. Number of vegetable prep sinks:_____ Dimensions:_____
   e. Number of meat prep sinks:_____ Dimensions:_____

4. Water Pump: Make:_____Model:_____GPM:_____

5. Water Heater (select type):

   ❑ Tank type: Make:_____Model:_____Capacity:_____BTU or KW:_____

   ❑ On-demand / Instantaneous: Flow Rate in GPM: _____

6. Freshwater Tank:
   a. Capacity/Volume: _____
   b. Is the inner diameter of the water tank inlet three-fourths inch (19.1 mm) or less? ❑ Yes ❑ No
   c. Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service? ❑ Yes ❑ No

8. Wastewater Tank:
   a. Capacity/Volume *(must be 15% larger than freshwater tank)*:_____
   b. Is the wastewater tank sloped to a drain with an inner diameter that is at least 1 inch (25 mm)? ❑ Yes ❑ No
   c. Is the drain equipped with a shut-off valve? ❑ Yes ❑ No

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OPERATIONAL INFORMATION cont'd

9. Please describe the method for removing the wastewater, and flushing and draining the waste retention tank at the Base of Operation:_____

_____

10. Power Supply (select all that apply):

❑ Generator: Make:_____Model:_____Fuel type:_____Watts:_____

❑ Electrical power cord only (will plug into an existing outlet at vending location)

❑ Propane ❑ Battery

11. How will Time/Temperature Control for Safety (TCS) foods be maintained at proper temperature while unit is moved between locations?_____

_____

12. Thermostatic Temperature Control of Food:

a. Number of refrigeration units *(thermometer required in warmest part of unit)*:_____

b. Number of freezer units *(thermometer required in warmest part of unit)*:_____

c. Number and type of hot holding units *(e.g., steamtables, heat lamps, etc.)*:_____

13. Please indicate the types and number of equipment used for cooking or reheating TCS foods (check all that apply):

❑ Inside Grills:_____ ❑ Outside Grills *(requires permanent overhead protection)*:_____

❑ Smokers:_____ ❑ Stoves:_____ ❑ Ovens:_____❑ Fryers:_____

❑ Other (explain):_____

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DESIGN, CONSTRUCTION & MATERIALS

1. Please indicate the type of materials used *(e.g., FRP, laminate, stainless steel, tile, etc.)*

   a. Trailer or Truck:

      Floor: _____

      Walls:_____

      Ceiling: _____

   b. Pushcart:_____

Please enclose the following documents:

- ❑ 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
- ❑ Manufacturer's specification sheets for all equipment *(cooking, cold holding, hot holding, freshwater & wastewater tanks, generator, etc.)*
- ❑ Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached
- ❑ Proof of compliance with all other applicable 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 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 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

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

APPROVED BY:_____
Printed Name Title Signature

DATE APPROVED:_____ COUNTY OF ORIGIN:_____

MOBILE FOOD UNIT PERMIT #:_____