Georgia Department of Public Health

GEORGIA MOBILE FOOD SERVICE UNIT LOCATION LISTING

Name of Mobile Unit: _____ Vehicle ID Number: _____

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

Specific LOCATION	TIME of Day	Day of WEEK (select 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 a 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 calendar 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) and/or property owner.

I attest that the mobile unit listed above will operate at the above listed locations as submitted to the Health Authority this _____day of _____20_____.

Name: _____ Title: _____

Signature: _____