



# 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.

|                                      |   |                             |
|--------------------------------------|---|-----------------------------|
| <b>Mobile Food Service Unit Name</b> | <b>County of Origin<br/>Permit Number</b> | <b>License Plate Number</b> |
|--------------------------------------|---|-----------------------------|

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 |

