COBB & DOUGLAS PUBLIC HEALTH

Mobile Food Event Organizer's Application

ORGANIZER'S APPLICATION MUST BE RECEIVED 10 DAYS BEFORE THE EVENT ALONG WITH A LIST OF ALL MOBILE FOOD VENDORS WHO WILL BE ALLOWED BY THE ORGANIZER TO PARTICIPATE IN THE EVENT

Organizer's Name: _____ Organizer's Phone: _____

Organizer's Address: _____
Please include suite # **Street Name and #** **Suite** **City** **State** **Zip Code**

Organizer's E-mail Address: _____

Name of Food Truck Event: _____

Food Truck Event Address: _____
Street Name and # **City** **Zip Code**

Event Date: _____ Set Up Time: _____

Event Begin Time: _____ Event End Time: _____

If the Food Truck Event is recurring, please provide your operating schedule

Number of mobile food vendors expected: _____ **Names to be provided one week in advance of event**

All mobile food vendors shall be registered with the City / County Business License Office

PROPERTY OWNER'S PERMISSION REQUIRED

Is event location the property of the organizer? ☐ **Yes** ☐ **No**

If No, what proof is provided granting the organizer permission to use the property for the event? (Attach Proof)

CLEARANCE REQUIRED FROM CITY / COUNTY GOVERNMENT TO HOLD EVENT
(Clearance is not required for limited service event such as serving an office building)

Proof of City / County Authorization: _____
Signature of City / County representative, official stamp or authorization letter required.
(Attach copy of authorization letter)

TOILET FACILITIES (within 200 feet of food vending)

1. Where will the toilet facilities for the food vendors be located? _____

2. If tables for eating are provided or if event is more than 2 hours, where will the toilet facilities be located for the patrons?

WASTE DISPOSAL (Solid and Liquid)

1. What type container(s) will be used for solid waste disposal at the event? _____

_____

_____

It will be the organizer's and / or property owner's responsibility to ensure that only permitted vendors shall participate in the event.

_____ _____
Onsite Coordinator's Printed Name Date

_____ _____
Onsite Coordinator's Signature Onsite Coordinator's Phone #

Return the completed application, with documentation, to the Center for Environmental Health:

Cobb County:
1738 County Services Parkway SW, 2nd Floor, Marietta, GA 30008-4012
Office: (770) 435-7815 | Fax: (770) 431-7410

Douglas County:
4655 Timber Ridge Drive, Douglasville, GA 30135-1224
Office: (770) 920-7311 | Fax: (770) 920-7317

Applicable fees will apply.