

MOBILE FOOD SERVICE APPLICATION

**PLEASE ATTACH THIS APPLICATION TO THE FOOD SERVICE
ESTABLISHMENT APPLICATION AND PLAN REVIEW
DOCUMENTS OR PROVIDE A COPY OF THE MOST RECENT INSPECTION
IF YOUR COMMISSARY/BASE OF OPERATION IS NOT LOCATED IN
OCONEE COUNTY**

Mobile Unit Business Name		
Owner Name		
Mailing address		
City	State	Zip
Telephone	Fax	
E-mail		
Applicant Name (if different from owner, must be officer of the legal ownership)		
*Applicant Contact Number		

Billing Address		
City	State	Zip
Telephone		
To the Attention		

BASE OF OPERATION

(A food service establishment, or any other place in which food, containers or supplies are kept, handled, prepared, packaged or stored for subsequent transport, sale or service elsewhere.)

Business Name		
Physical address		
City	State	Zip
Telephone		
County**		

MOBILE FOOD SERVICE UNIT

(A trailer, pushcart, vehicle vendor or any other conveyance operating as an extension of a base of operation or a permitted food service establishment.)

Vehicle Make and Model
License Plate Number & State
Business Name on Vehicle

LOCATIONS (MAXIMUM OF 2) AND HOURS OF OPERATION

Note: It will be the responsibility of the permit holder to notify the Health Authority whenever there is a change in schedule or locations.

*Location #1		
Physical address		
City	State	Zip

Hours of Operation:	FROM	TO
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

*Location #2		
Physical address		
City	State	Zip

Hours of Operation:	FROM	TO
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

- ☐ ** Copy of mobile food service permit & last inspection score attached if Base of Operation resides outside Clarke County provided.
- ☐ * Agreement for use of the premises for food vending provided.
- ☐ * Agreement for use of conveniently located restrooms provided.
- ☐ * Evidence of approval from local governing authority provided (i.e. vendor license)

Maximum Number of Meals to be Served:

Breakfast _____
 Lunch _____
 Dinner _____
 Total Served Daily _____

Copy of menu attached () Yes () No

Projected Date for Completion of Project _____
 (Ready for the final walk-through inspection for the Mobile Food Service Permit)

I attest that the information provided above is true and accurate. I agree to comply with the State of Georgia Rules and Regulations for Food Service Chapter 290-5-14 and I further understand that as specified under Rule .10 subsection (2)(d)1 of this rule that the Health Authority is to be allowed access the establishment and to the records specified under Rule .04 subsection (3)(1) and Rule .06 subsection (2)(q) and subsection (5)(d)7 of this Rule. I understand that only the foods listed on the menu submitted with the establishment plans may be prepared and served in this facility. I further understand that Annual Inspection fees will be billed and that failure to pay by the due date will result in late fees. Late fees are applied at a rate of \$30.00 for every 30 days that the bill is past due.

Signature _____

Print Name _____

Title (Must be owner or officer of the legal ownership) _____

Date _____