



Georgia Department of Community Health Application for Mobile Food Service Unit and Extended Food Service Unit Permit

Name of Mobile/Extended Food Service Operation _____

Base of Operation Address: _____ GEORGIA
(STREET, HIGHWAY, OR RFD) (CITY OR TOWN) (COUNTY) (ZIP CODE)

Mailing Address: _____ GEORGIA
(STREET, HIGHWAY, OR RFD) (CITY OR TOWN) (COUNTY) (ZIP CODE)

Unit Manager: _____
(NAME [TYPE OR PRINT]) (ADDRESS) (CITY) (ZIP CODE) (STATE)

Manager's Supervisor: _____
(NAME [TYPE OR PRINT]) (ADDRESS) (CITY) (ZIP CODE) (STATE)

Billing Address: _____
(STREET, HIGHWAY, OR RFD) (CITY OR TOWN) (ZIP CODE) (STATE)

Business Ownership: _____ Phone (____) _____
(Individual, Association, Partnership, Corporation or legal Entity)

If Association, Partnership, Corporation or Legal Entity, give names, title, address and phone number of persons involved, including owners and officers. Otherwise indicate N/A

Name _____ Title _____ Address _____ Phone _____

Name _____ Title _____ Address _____ Phone _____

Name _____ Title _____ Address _____ Phone _____

Name _____ Title _____ Address _____ Phone _____

(USE ADDITIONAL PAPER IF NEEDED)

This food service Unit will operate as part of:

[Check Applicable Blocks]

Extended Food Service Operation

Mobile Food Service Operation

Type: Please check the appropriate unit location/route and complete the information

Unit Locations # 1 _____

2 _____

Unit Routes # 1 _____ / _____

#2 _____ / _____

Attach to the permit application the following paper work from your Base of Operation's county of origin:

- 1) Copy of Food Service Permit for the Restaurant of the Base of Operations
- 2) Copy of the most recent Food Service Inspection Report
- 3) Copy of the current county of origin approved menu

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.

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

Name of Applicant: _____ Phone _____

Signature of applicant: _____ Date _____

DO NOT WRITE BELOW THIS LINE – HEALTH DEPARTMENT USE ONLY

DISPOSTION –

Unit Permit Issued YES _____ NO _____ Date _____

If Yes, then permit # _____

Applicant Referred Back to County of Origin _____ Date _____
