GEORGIA DEPARTMENT OF PUBLIC HEALTH

PERMIT APPLICATION FOR MOBILE FOOD UNIT

REV 06/2026

NOTICE

This application must be submitted to the Local Health Authority (County Health Department) in which the mobile food unit's Base of Operation is located. A separate application is required for each mobile unit. Per Georgia Food Service Rules and Regulations, **a mobile food service unit must operate from a single Base of Operation that is under the active managerial control of one permit holder; therefore, a mobile unit may not share or operate from a Base of Operation owned or controlled by a different permit holder.** The mobile food unit and its Base of Operation must be held under the same permit holder's ownership and managerial authority. All foods prepared and served must appear on the menu submitted with the Base of Operation plans. You must notify the health department of jurisdiction at least 7 days in advance of any change in vending locations.

For county contact information visit: *https://dph.georgia.gov/environmental-health/food-service*

For Food Service Rules and Regulations visit: *https://dph.georgia.gov/environmental-health/food-service*

Part 1 – Administrative Information

1. Reason for Application (check one):

☐ New Application ☐ Change of Ownership

2. Name of Unit:

3. Unit Mailing Address:

Street # and Name	*Suite / Unit #*	*City*	*State / Zip*

4. Mobile Unit Vehicle License # and VIN:

Base of Operation Information

5. Name of Base of Operation:

Base of Operation Owner:	**Base of Operation Permit #:**

County:

Base of Operation Mailing Address:

Street # and Name	*Suite / Unit #*	*City*	*State / Zip*

Unit Manager Information

6. Unit Manager:

Unit Manager Email: **Phone #:**

Unit Manager's Supervisor:

Billing Information

7. Billing Contact Name: **Phone #:**

Billing Address:

Street # and Name	*Suite / Unit #*	*City*	*State / Zip*

Billing Contact Email: _____

Ownership Information

8. Business Ownership Type:

☐ Individual ☐ Corporation ☐ Partnership ☐ Association ☐ LLC ☐ Other: _____

If Association, Partnership, Corporation, LLC, or Other, provide name, title, address, and phone number of all persons involved, including owners and officers. Attach additional page if necessary.

NOTE: A mobile food service unit must operate from a single base of operation and under the managerial authority of one permit holder.

Part 2 – Operational Information

1. Please answer the following based on operations performed on your mobile unit (check all that apply):

☐ Unit only serves packaged food that has been prepared at the permitted Base of Operation
☐ Unit does not cook any raw animal foods; only reheats commercially precooked ingredients
☐ Unit cooks raw animal foods on the mobile unit
☐ Unit serves raw or undercooked animal foods in a ready-to-eat form (steaks/burgers, sashimi, ceviche, eggs, etc.)
☐ Other: _____

2. Will any food be chopped, sliced, diced, or cooled on the unit? ☐ YES ☐ NO

If YES, please describe where and how this will happen on the unit:

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3. Sinks In / On Unit

Will each sink be supplied with hot and cold running water under pressure? ☐ YES ☐ NO

Handwashing Sinks		
Vegetable Prep Sinks		
Meat Prep Sinks		

4. Water System

Water Pump:

Make:	**Model:**	**GPM:**

Water Heater (select type):

☐ Tank Type:

Make:	**Model:**	**Capacity:**	**BTU or KW:**

☐ On-Demand / Instantaneous:

Flow Rate (GPM): _____

5. Freshwater Tank

Capacity / Volume: _____ _____

Is the inner diameter of the water tank inlet three-fourths inch (19.1 mm) or less? ☐ YES ☐ NO

Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service? ☐ YES ☐ NO

6. Wastewater Tank

a. Capacity / Volume *(must be 15% larger than freshwater tank)*: _____

b. Is the wastewater tank sloped to a drain with an inner diameter of at least 1 inch (25 mm)? ☐ YES ☐ NO

c. Is the drain equipped with a shut-off valve? ☐ YES ☐ NO

7. Describe the method for removing wastewater, and flushing and draining the waste retention tank at the Base of Operation:

8. Power Supply (select all that apply)

☐ Generator:

Make:	**Model:**	**Fuel Type:**	**Watts:**

☐ Electrical power cord only (will plug into an existing outlet at vending location)
☐ Propane
☐ Battery

9. How will TCS (Time/Temperature Control for Safety) foods be maintained at proper temperature while the unit is moved between locations?

10. Thermostatic Temperature Control of Food

Refrigeration units (thermometer required in warmest part of unit)	
Hot holding units (e.g., steam tables, heat lamps, etc.)	

11. Cooking and Reheating Equipment (check all that apply)

☐ Inside Grills: #_____

☐ Outside Grills (requires permanent overhead protection): # _____

☐ Smokers: # _____

☐ Stoves: # _____

☐ Ovens: # _____

☐ Fryers: # _____

☐ Other (explain):

_____

Part 3 – Design, Construction & Materials

Indicate the type of materials used (e.g., FRP, laminate, stainless steel, tile, sealed concrete, etc.):

Trailer or Truck

Pushcart

Part 4 – Required Documents

Please enclose the following documents with your application. Failure to provide all required documents will delay the review process.

- ☐ Menu
- ☐ At least 2 photographs of the unit: one of the exterior and one of the interior
- ☐ Detailed drawing (as close to scale as possible) with all equipment clearly labeled
- ☐ Manufacturer's specification sheets for all equipment (cooking, cold holding, hot holding, freshwater and wastewater tanks, generator, etc.)
- ☐ Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached
- ☐ Proof of compliance with all other applicable agencies (e.g., zoning, fire, etc.)
- ☐ Mobile Food Unit Location Form – *https://dph.georgia.gov/environmental-health/food-service*
- ☐ Copy of Toilet Use Agreement Form – *https://dph.georgia.gov/environmental-health/food-service*
- ☐ Copy of Property Use Agreement Form – *https://dph.georgia.gov/environmental-health/food-service*

Applicant Certification

I attest that the information provided within this document is true and accurate. 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 in 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 (Print):	**Title:**

Signature: **Date:**

Address:	**Phone #:**

DO NOT WRITE BELOW THIS LINE – Health Department Use Only

Approved By (Print):	**Title:**	**Signature:**

Date Approved: **County of Origin:**

Mobile Food Unit Permit #: