Name of Mobile/Extended Food Service Operation

Base of Operation Address:

Mailing Address:

Unit Manager:

Manager's Supervisor:

Billing Address:

Business Ownership:

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

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

6-19-2014
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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 responsibility of the permit holder to notify the Health Authority whenever 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

DISPOSITION –

☐ Unit Permit Issued YES______ NO______ Date ______________________
   If Yes, then permit # ______________________

☐ Applicant Referred Back to County of Origin _________ Date ______________________