



GEORGIA DEPARTMENT OF PUBLIC HEALTH
BRENDA FITZGERALD, M.D., COMMISSIONER

MOBILE FOOD SERVICE UNIT PERMIT

(DATE ISSUED)

(PERMIT NUMBER)

AN OPERATION PERMIT IS HEREBY GRANTED TO

_____ to maintain and operate

(PERMIT HOLDER)

Under the business
name _____

Located or Route #1:

(STREET, HIGHWAY, OR RFD) (CITY OR TOWN) (STREET, HIGHWAY, OR RFD) (CITY OR TOWN)

Located or Route #2:

(STREET, HIGHWAY, OR RFD) (CITY OR TOWN) (STREET, HIGHWAY, OR RFD) (CITY OR TOWN)

This permit signifies compliance on the date of issue with the Rules of the Georgia Department of Public Health pursuant to the O.C.G.A. 26-2-373 et seq. and is valid until the permit is suspended, revoked, or expires.

Issuing Official for County Board of Health

DISPLAY FOR PUBLIC VIEW – NOT TRANSFERABLE – PROPERTY OF THE HEALTH AUTHORITY