



APPLICATION FOR PERMIT TO OPERATE
A MOVABLE/EXTENDED FOOD SERVICE ESTABLISHMENT

Fulton County Board Of Health
Environmental Health Services Division

- Food Truck/Trailers, Pushcart, Extended Bar/Kitchen, Extended Kiosk

Name of Unit, Permit #

Telephone #, Email

Base Of Operation - Hours of Operation a.m. - p.m.

Name, Permit #

Address, GA

Telephone #, County Permitted In

Owner Information

Name

Address, GA

Telephone #, Cell #, Email

Permit Holder Information

Name

Address, GA

Telephone #, Cell #, Email

Billing Information

Name

Address

Telephone #, Cell #, Email

I, Permit Holder Name (Print), certify that all information given in this application is true and correct to the best of my

knowledge. I further understand and agree to comply with Fulton County Board of Health Code of Ordinances and Code of Resolutions, DPH Rule "511-6-1" Food Service, as the holder of a permit to operate a Movable Food Service Establishment in Fulton County. I agree to notify the Fulton County Board of Health prior to changing the days and hours of operation as stated in this application and permit to operate. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended or revoked. Furthermore, a license, which expires annually on the anniversary date of the permit issuance, shall be issued concurrently with the permit. The permit holder is defined as the entity who possesses a valid permit to operate a food service establishment and is legally responsible for the operation of the food service establishment such as the owner, agent for the owner or other such authorized or designated person. Preferred Contact Method: [] Telephone [] Email [] Mail

Permit Holder Signature, Title, Date



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EQUIPMENT

1) Specify Number and location:

SINKS	NUMBER OF SINKS	LOCATION OF SINKS
Hand Washing Sink		
Vegetable (Produce) Sink		
Ware Washing Sink		

2) List all cold holding and hot holding equipment below. (Please note if more than one)

COLD HOLDING EQUIPMENT	HOT HOLDING EQUIPMENT

MENU: If the base of operation is a fixed food establishment/restaurant, is the food offered on the mobile unit compatible with that of the base of operation? (Circle One) **YES** **NO** **NOT APPLICABLE**
(If not applicable, provide a copy of menu)

WATER SUPPLY: Water heater (minimum of 10 gallon water heating, an urn can be used to meet the requirements).

- a) Size of water heater: _____
- b) Location of water heater: _____
- c) Other water heating equipment: _____

WATER SUPPLY TANK:

- a) Proposed size: _____
- b) Location: _____
- c) Location of water inlet: _____

1. Indicate minimum size of potable water tank: _____

Potable Water Tank Sizing Calculation

TYPE OF SINK	Number of Compartments	Length	Width	Depth	Volume in Gallons
Handwashing					
Ware washing					
Vegetable Prep					
Other*					
Water Heater Tank (in gallons)					
Minimum Gallons Required for Potable Water Tank					

*Leave field blank were not applicable to unit.



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2. How is water supply maintained under pressure?
 a) Pump OR **b)** Air Pressure

3. What are the specifications for the water supply hose? _____
 (Blue food grade hose & food grade hose w/white stripes)

WASTE WATER:

1. Waste water holding tank (15% larger in capacity than the water supply tank)
 - a)** Proposed Size: _____
 - b)** Location: _____
 - c)** Location of waste water outlet: _____

2. Indicate minimum size of waste water tank: _____

Potable Water Tank Capacity (in gallons)**	
Required Waste Water Tank Capacity (in gallons)	

****Use proposed potable water tank size unless a different size has been required**

MATERIALS:

Indicate finishes:

Location	Floors	Walls	Ceiling

OPENINGS:

Are all serving windows that will remain open during operation hours equipped to control pests?

- 1)** Specify control method: **a)** Air Curtain **b)** Screen **c)** Fans

Other (Please explain): _____

If push cart, proper enclosure indicated? _____

IDENTIFICATION (to be checked at time of initial permitting inspection): _____

All mobile food service units shall be identified by a sign or lettering indicating: name and address of owner, the operator and **permit number**. Letter and numbers must be at least 2 inches high.

PROPOSED ROUTE: The operator has not indicated a proposed route on the application. Operator advised that legal access is required prior to operating the mobile truck in any location. This requires written permission from the property owner. This letter must be provided to the health authority prior to operating. The letter must also indicate that there are restrooms located within 200 feet of the mobile unit that will be available to employees. Any and all Fulton County operating locations must be provided in writing to the health authority with dates and times of operation as well as proof of legal access as outlined above.

CODE REQUIREMENTS:

- Mobile food service units shall provide only individually wrapped single-service articles for use by the consumer



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- Indicating thermometers for immersion into food or cooking media shall be of metal stem type construction, numerically scaled, and accurate to plus or minus 2 Fahrenheit
Mobile food service units shall report at least daily to such location for supplies and /or cleaning and servicing operations
When not in use, mobile food service units shall be properly stored at the base of operation or other location approved by the Health Authority
The permit, or copy thereof, and the current inspection report must be displayed for public view and protected from inclement weather.

IF AT ANY TIME HOT WATER CANNOT BE CONTINUOUSLY SUPPLIED TO ALL SINKS, A NEW OR ADDITIONAL HOT WATER HEATER MAY BE REQUIRED ALSO IF NO RUNNING WATER IS AVAILABLE AT THE TIME OF INSPECTION IMMEDIATELY CLOSURE WILL OCCURE.

STATEMENT: I, the undersigned, certify receipt of these documents on the date indicated below. I fully understand that any deviation from the plans as approved in this review, without prior consent of the Division of Fulton County Health And Wellness, will result in failure to obtain approval for a food service permit.

Print Name: _____ Date: _____

Signature(s): _____
Owner(s) or Responsible Agent

Review By: _____ Title: _____

Date Review: _____ Date Approved: _____

Comments: _____

===== EHS Use Only =====

Fee Amount:_____ Check/M.O.#:_____ Receipt #:_____

Service Code:_____ District Assignment:_____ Territory Assignment:_____

Date of Remittance:___/___/___ Permit Issue Date:___/___/___ License Expiration Date:___/___/___

EHS Staff

Date of Issuance

Permit fee is based on menu Risk Type

- Risk Type 1 = \$439.00
Risk Type 2 = \$585.00
Risk Type 3 = \$732.00

Extended on Same Property \$366.00