



**APPLICATION FORM FOR
MOBILE FOOD SERVICE UNIT OPERATING PERMIT**

(APPLICATION FEE: \$100.00)

FOR OFFICE USE ONLY

PERMIT # _____

VALID THROUGH DECEMBER 31, 20____

Date Received: _____

New Application

Renewal Application

APPLICANT INFORMATION

Applicant Name:

Phone Number:

E-mail Address:

Applicant's Relationship to Mobile Food Service Establishment (Owner, Shareholder, Manager, Officer, etc.):

MOBILE FOOD SERVICE ESTABLISHMENT INFORMATION

Legal Name of Mobile Food Service Establishment that will operate the Mobile Food Service Unit:

Owner's entity Type (individual, corporation, LLC, partnership, etc.):

Doing business under a name different from legal name? Yes No If yes, please provide DBA.

Mobile Food Service Establishment Mailing Address:

Name of Primary Contact for Mobile Food Service Establishment:

Phone Number:

Email Address:

BASE OF OPERATION INFORMATION

Base of Operation Physical Address:

County in which Base of Operation is located:

MOBILE FOOD SERVICE UNIT INFORMATION

Type of Mobile Food Service Unit: Food Truck Trailer Pushcart Other _____

Make/Brand, Model, and Year:

VIN #/Serial # (if applicable):

License Plate State and Number (if applicable):

Dimensions of Mobile Food Service Unit (length x width x height):

Social Media Handle(s):

Does your Mobile Food Service Unit utilize a grease trap? Yes No

REQUIRED DOCUMENTATION

The following documentation must be submitted with this application form:

- Copy of Occupation Tax Certificate/Business License for the Base of Operation
- Copy of Health Authority Permit for Base of Operation
- Copy of most recent Health Authority Inspection Report for Base of Operation
- Copy of Authorization to Operate issued by Thomas County Health Department (required only if Thomas County is NOT the location of the Base of Operation)
- Copy of Health Authority Permit for Mobile Food Service Unit
- Copy of most recent Health Authority Inspection Report for Mobile Food Service Unit
- Copy of Thomasville Fire Department Fire Inspection Certificate for Mobile Food Service Unit
- Copy of Grease Interceptor Permit (required if Mobile Food Service Unit utilizes a grease trap)
- Copy of Vehicle/Trailer Registration and Proof of Motor Vehicle Insurance (required if Mobile Food Service Unit is a food truck or trailer)
- Color Photos clearly showing the front, sides, and rear of the Mobile Food Service Unit
- Copy of Certificate of Liability Insurance

APPLICANT SIGNATURE

By signing below, I, on behalf of myself and the mobile food service establishment and mobile food service unit identified above in this application, do acknowledge, affirm, and agree as follows:

- I attest that I have read, understand, and agree to comply with the City of Thomasville Code of Ordinances and all state laws and regulations governing the operation of mobile food service establishments and mobile food service units.
- I attest to the accuracy of the information provided in this application and agree to notify the City in writing if any information provided in this application changes during the term of any permit issued in response to this application.
- I attest that the copies of the Health Authority-issued permits and any authorization submitted with this application represent permits/authorizations that are valid and effective at the time of submission of this application to the City.

Applicant's Signature _____ **Date** _____