



## Georgia Food Service Mobile Unit Location listing

Name of Mobile unit: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Base of Operation: \_\_\_\_\_ Name of Permit Holder: \_\_\_\_\_

Specific LOCATION	TIME of Day	Day of WEEK (please circle applicable days)	Specific location of TOILET ROOMS available to the mobile unit
		M T W Th F Sa Su	
		M T W Th F Sa Su	
		M T W Th F Sa Su	
		M T W Th F Sa Su	
		M T W Th F Sa Su	

**Note: The specific location may be a physical address or intersection of road with landmarks by which the mobile can be located. A change in the locations listed must be submitted to the local Health Authority at least 7 days prior to changing the location. Prior to a change in location, ensure authorization has been granted from the local City/County government office (e.g. Zoning).**

I attest that the aforementioned mobile unit will operate at the above listed locations as submitted to the Health Authority this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Sign: \_\_\_\_\_

Based on the information the owner/operator presented to District 4 Public Health, the above locations:

- Meet the requirements for mobile food vending in the district
- Do not meet the requirements for mobile food vending in the district

\_\_\_\_\_  
Environmental Health Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date