

Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523

Phone: 706-839-0277 Email: habersham@dphe.ga.gov

Applications are taken in office: Monday – Friday between 8:00 AM - 4:00 PM (Closed daily 12:00PM- 1:00PM)

The following items must be received to complete and process your application:

☐ **Permit fees:**

FOOD SERVICE FEES	
Plan Review	
Minor Review (e.g., menu change, ownership change, minor renovation)	\$150.00
Major Review (e.g., special process, new facility)	\$200.00
Initial Permit	\$200.00
Mobile Food Unit (MFU) Authorization Fee	\$50.00
Initial MFU Permit (Base of Operation & 1 mobile unit)	\$250.00
Re-Inspection Fee (after unsatisfactory inspection)	\$150.00
Site Prior Evaluation	\$75.00
Authorized MFU Inspection Fee	\$100.00
Unauthorized Food Service Operations	\$500.00
Application & Annual Fees	
0-25 seats	\$200.00
26-50 seats	\$225.00
51-100 seats	\$250.00
100+ seats	\$275.00
Annual Facility Fee-Past Due	Annual Fee x2
Re-Inspection Fee	150.00
Annual Fee for Base/Mobile/Extended Kitchen (each permit)	\$175.00
HACCP Plan/Variance Review	\$100.00

☐ **You will need to submit documentation showing proof of residency using one of the following:**

- U.S. Driver's License.

Or:

- Any documentation that meets the qualifications under Secure and Verifiable Documents Under O.C.G.A. § 50-36-2.

☐ **The applicant shall provide the building owner's information to the Habersham County Environmental Health Department prior to submission of application.** Complete the Building Owners Information Document provided with the application packet.

☐ **A plan review fee will be allotted for the following: new facilities, mobile food units, change of ownership, major/minor renovations, and special processes (e.g., HACCP plans, Type 3 Facility).** Call 706-839-0277 with questions or concerns.

☐ **Plumbing, electrical, fire, and all other applicable utilities are subject to county or local municipality ordinances.** Please coordinate any necessary building inspections with the appropriate county/city official. It is the responsibility of the applicant to verify compliance with all regulations of other state, county and city departments. (e.g. Business License, Planning and Zoning, and Building Inspection).



APPLICATION FOR FOOD SERVICE MOBILE UNIT PERMIT

ADMINISTRATIVE INFORMATION

1. Please indicate whether this is a New Application or a Change of Ownership:

☐ New Application

☐ Change of Ownership

2. Name of Unit: _____

3. Unit Mailing Address: _____

4. Mobile Unit Vehicle License # or VIN: _____

5. Name of Base of Operation: _____

6. Base of Operation Owner: _____

7. Base of Operation Permit #: _____ County: _____

8. Base of Operation Mailing Address: _____

9. Unit Manager: _____

10. Unit Manager Email: _____ Phone #: _____

11. Unit Manager's Supervisor: _____

12. Billing Contact Name: _____ Phone #: _____

13. Billing Address: _____

14. Billing Contact E-mail: _____

15. Business Ownership Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Association ☐ LLC ☐ Other

If Other please explain: _____

If Association, Partnership, Corporation, LLC or Other, provide name, title, address and phone number of persons involved, including owners and officers.

Name	Title	Address	Phone
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Name	Title	Address	Phone
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OPERATIONAL INFORMATION

1. Please answer the following based on operations performed on your mobile unit (check all that apply):
 - ☐ Unit only serves packaged food that has been prepared at the permitted Base of Operation
 - ☐ Unit does not cook any raw animal foods; only reheats commercially precooked ingredients
 - ☐ Unit cooks raw animal foods on the mobile unit
 - ☐ Unit serves raw or undercooked animal foods in a ready to eat form (*steaks/burgers, sashimi, ceviche, eggs, etc.*)
 - ☐ Other _____
2. Will any food be chopped, sliced, diced, or cooled on the unit? ☐ Yes ☐ No *If YES, please describe where and how this will happen on the unit:*

3. Sinks in/on unit:
 - a. Will each sink be supplied with hot and cold running water under pressure? ☐ Yes ☐ No
 - b. Number of handwashing sinks: _____ Dimensions: _____
 - c. Number of three-compartment sinks: _____ Dimensions: _____
 - d. Number of vegetable prep sinks: _____ Dimensions: _____
 - e. Number of meat prep sinks: _____ Dimensions: _____
4. Water Pump: Make: _____ Model: _____ GPM: _____
5. Water Heater (select type):
 - ☐ Tank type: Make: _____ Model: _____ Capacity: _____ BTU or KW: _____
 - ☐ On-demand / Instantaneous: Flow Rate in GPM: _____
6. Freshwater Tank:
 - a. Capacity/Volume: _____
 - b. Is the inner diameter of the water tank inlet three-fourths inch (19.1 mm) or less? ☐ Yes ☐ No
 - c. Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service? ☐ Yes ☐ No
8. Wastewater Tank:
 - a. Capacity/Volume (*must be 15% larger than freshwater tank*): _____
 - b. Is the wastewater tank sloped to a drain with an inner diameter that is at least 1 inch (25 mm)? ☐ Yes ☐ No
 - c. Is the drain equipped with a shut-off valve? ☐ Yes ☐ No

OPERATIONAL INFORMATION cont'd

9. Please describe the method for removing the wastewater, and flushing and draining the waste retention tank at the Base of Operation: _____

10. Power Supply (select all that apply):

☐ Generator: Make: _____ Model: _____ Fuel type: _____ Watts: _____

☐ Electrical power cord only (will plug into an existing outlet at vending location)

☐ Propane

☐ Battery

11. How will Time/Temperature Control for Safety (TCS) foods be maintained at proper temperature while unit is moved between locations? _____

12. Thermostatic Temperature Control of Food:

a. Number of refrigeration units (*thermometer required in warmest part of unit*): _____

b. Number of freezer units (*thermometer required in warmest part of unit*): _____

c. Number and type of hot holding units (*e.g., steamtables, heat lamps, etc.*): _____

13. Please indicate the types and number of equipment used for cooking or reheating TCS foods (check all that apply):

☐ Inside Grills: _____ ☐ Outside Grills (*requires permanent overhead protection*): _____

☐ Smokers: _____ ☐ Stoves: _____ ☐ Ovens: _____ ☐ Fryers: _____

☐ Other (explain): _____



APPLICATION FOR FOOD SERVICE MOBILE UNIT PERMIT

DESIGN, CONSTRUCTION & MATERIALS

1. Please indicate the type of materials used (e.g., FRP, laminate, stainless steel, tile, etc.)

a. Trailer or Truck:

Floor: _____

Walls: _____

Ceiling: _____

b. Pushcart: _____

Please enclose the following documents:

- ☐ Menu
- ☐ At least 2 photographs of the unit: one of the outside and one of the inside
- ☐ Detailed drawing (as close to-scale as possible) with all equipment clearly labeled
- ☐ Manufacturer's specification sheets for all equipment (cooking, cold holding, hot holding, freshwater & wastewater tanks, generator, etc.)
- ☐ Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached
- ☐ Proof of compliance with all other applicable agencies (e.g. zoning, fire, etc.)
- ☐ Mobile Food Unit Location Form (<https://dph.georgia.gov/environmental-health/food-service>)
- ☐ Copy of Toilet Use Agreement Form (<https://dph.georgia.gov/environmental-health/food-service>)
- ☐ Copy of Property Use Agreement Form (<https://dph.georgia.gov/environmental-health/food-service>)

I attest that the information provided within this document is true and accurate. I agree to comply with the State of Georgia Rules and Regulations for Food Service Chapter 511-6-1. I understand that only the foods listed on the menu submitted with the Base of Operation plans may be prepared and served in this unit. I will notify the health department of jurisdiction at least 7 days in advance of any change in vending locations.

ALL FOOD VENDORS SHALL BE REGISTERED WITH THE CITY / COUNTY BUSINESS LICENSE OFFICE.

Name of Owner or Authorized Agent

Title

Signature

Date

Address

Phone



APPLICATION FOR FOOD SERVICE MOBILE UNIT PERMIT

FOR HEALTH DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____
Printed Name Title Signature

DATE APPROVED: _____ COUNTY OF ORIGIN: _____

MOBILE FOOD UNIT PERMIT #: _____