

Permit Fee: \$250.00

Permit # _____



P.O. Box 158
Bainbridge, Ga. 39818

www.bainbridgecity.com

Phone: 229-248-2000
Fax: 229-246-7311

PERMIT APPLICATION FOR MOBILE FOOD UNIT LICENSE

New Application

Change of Ownership

Type of Vendor (check one)	Vehicle Make	Vehicle Model	Vehicle License Plate #
<input type="checkbox"/> Street Vending Unit			
<input type="checkbox"/> Sidewalk Vending Unit			

Name of Mobile Food Unit/Base of Operation			County
Owner			Phone #
Email Address			
Business Address	City	State	Zip
Occupation Tax Number	City/County Issuing		

**Please provide a copy of a valid business license for the county this mobile food unit operates from*

OPERATOR (person in charge/operation on the mobile vending unit)

Operator		Phone #	
Address		City	State
Driver's License #:			

APPROVED PERMIT FROM THE DECATUR COUNTY HEALTH DEPARTMENT

Please provide a copy of the approved Mobile Food Service Operation Permit from the Decatur County Health Department

VENDING LOCATIONS AND DAYS OF OPERATION

1. Location Name:	Days of Operation
Address:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
2. Location Name:	Days of Operation
Address:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
3. Location Name:	Days of Operation
Address:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
4. Location Name:	Days of Operation
Address:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
5. Location Name:	Days of Operation
Address:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

PROHIBITIONS & REQUIREMENTS:

(Please initial each item to indicate that you have read and understand these requirements.)

- [] ___ Except for ice cream trucks, no mobile food unit shall conduct business or operate in the public right-of-way.
- [] ___ A mobile food unit shall not operate on any private property without the prior consent of the owner.
- [] ___ A mobile food unit shall maintain a \$1,000,000.00 liability insurance policy. Proof of current liability insurance by an insurance company licensed to do business in Georgia, protecting the mobile food unit, the public and the city from all claims for damage to property and bodily injury, including death, which may arise from operation under or in connection with the permit. Such insurance shall name the city as an additional insured and shall provide that the policy shall not terminate or be canceled prior to the expiration date without 30 days advanced written notice to the city.
***Please provide proof of insurance with this application.**
- [] ___ Except for ice cream trucks, a mobile food unit shall not make sounds or announcements to call attention to the mobile food vehicle either while traveling on the public right-of-way or when stationary. At all times said mobile food unit shall be in compliance with the City of Bainbridge noise ordinance.
- [] ___ The license under which a mobile food unit is operating must be firmly attached and visible on the mobile food unit or pushcart at all times.
- [] ___ Any driver of a mobile food unit motorized vehicle must possess a valid Georgia driver’s license
- [] ___ Except for ice cream trucks, mobile food units are allowed only in commercial zoning districts.
- [] ___ Mobile food units shall not be located within 15 feet of any street intersection or pedestrian crosswalk or 10 feet of any driveway.

- [] ____ Vending structures shall not be left unattended or stored at any time on the open vending site when vending is not taking place or during restricted hours of operation.
- [] ____ No sale or offer for sale of ice cream, frozen milk, frozen dairy or ice confection products shall be made from a mobile food unit unless each side of the vehicle is marked, in letters and numbers at least two inches in height, with the name and address of the mobile food vendor licensee.
- [] ____ The mobile food unit shall comply with all state, federal and local health and safety regulations and requirements and shall obtain and maintain any and all licenses required by any other health, organization or governmental organization having jurisdiction over this subject matter.
- [] ____ The following safety regulations shall apply to any and all vehicles operating under this article or used for mobile retail food establishments:
 1. Every vehicle shall be equipped with a reverse gear signal alarm with a sound distinguishable from the surrounding noise level
 2. Every vehicle shall be equipped with two rear-vision mirrors, one at each side, firmly attached to the outside of the motor vehicle, and so located as to reflect to the driver a view of the highway to the rear, along both sides of the vehicle.
- [] ____ The mobile food unit may sell food and non-alcoholic beverage items only

FEE: The annual Mobile Food Unit License fee is **\$250.00**.

APPLICANT SIGNATURE

I hereby certify that all information provided herein is true and correct. I am aware of Article 12, Section 42: Mobile Food Units and agree to comply with the City of Bainbridge Code of Ordinances.

Applicant Signature: Business Owner or Owner’s Representative

Date

PROPERTY OWNER CONSENT FORM

Please complete this **Property Owner Consent Form** for **ALL** locations of operation and use of restrooms.

TOILET FACILITIES REQUIREMENT

Approved toilet facilities must be available for operators and employees of the Mobile Food Unit. If toilet facilities are not provided on the MFU, they must be located within 200 feet from the MFU. License holder must maintain a list of toilet facilities available for use along vending route/locations. License holder must obtain and maintain written permission from the owner of the toilet facilities to use the facilities. The permit holder must provide to the local Health Authority updated list of toilet facilities that are located along vending locations.

This applicant for the City of Bainbridge Mobile Food Unit Permit has my permission to operate their mobile food unit on my property under the requirements and conditions specified by the City of Bainbridge Code of Ordinances.

APPLICANT

Business Name			
Address	City	State	Zip

LOCATION OF OPERATION

Address	City	State	Zip

OWNER SIGNATURE

I hereby certify that all information provided herein is true and correct.

Owner of Property (Signature)	Date
Address	Phone

NOTARY

Personally appeared before me the above owner named _____ who on oath says that he/she is the owner of the above listed property, and that all the above statements are true to the best of his/her knowledge.

Notary Public (Signature)	Date: _____
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Notary Seal

Date Commission Expires

OFFICE USE ONLY

Fee: \$250.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	<input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____
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