

DOWNTOWN MOBILE FOOD TRUCK LUNCH EVENT PERMIT

MOBILE FOOD TRUCK INFORMATION

Name of Mobile Food Truck: _____

Type of Mobile Food Truck:

- Trailer
- Van
- Truck
- Pushcart
- Other Vehicle _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle License Plate #: _____

OWNER OF MOBILE FOOD TRUCK

Business Name _____

Owner _____

Phone # _____

Business Address _____

City _____ State _____ Zip _____

Occupation Tax Number City/County Issuing _____

OPERATOR (Person in charge/operation of the mobile food truck)

Operators Name _____

Operator Phone # _____

Address _____

City _____ State _____ Zip Code _____ Driver's License # _____



Downtown Mobile Food Truck Lunch Event Permit

Fire Extinguisher: Yes___ No___ Off Site: Yes___ No___ If Yes, where? _____

Describe means of transport from base: _____

GARBAGE AND LIQUID WASTE

Describe means for storage and disposal: _____

SUBMITTAL CHECKLIST

- Please provide a copy of the approved Mobile Food Service Operation Permit from the Fulton County Health Department
- Please provide a copy of a valid business license for the restaurant/kitchen/commissary that this mobile food truck will be based from if not located in the City of Fairburn.

APPLICANT SIGNATURE

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

Applicant Signature: Business Operator’s Representative Date: _____

OFFICE USE

Approved Denied by: _____ Date: _____

Permit #: _____