Georgia Department of Public Health

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: _____