

City of Dublin 100 S. Church St. P.O. Box 690 Dublin, G.A 31040 (478) 277-5016 or (478) 277-5019

Mobile Food Vending Application

Vending Unit Name: (if Corporation or LLC, please pr	oved copy of Articles from	Connetomy of State's office)
Owners/Officers Name:		
Owners/ Officers Ivallie.		
Owners/Officers Mailing Address:		
Contact Phone Nbr:E	mail Address:	
Base of Operation Address:		
Federal ID or Social Security Nbr:	_Sales Tax Nbr:	NAICS Nbr:
Mobile Food Service Unity is, A trailer, pushcart, vehicle veno of the permit holder of its permitted base of operation for the reta		ance operating as an extension of an under the managerial authorit nd/or beverage.
Types of Vending Unit (select only one per application):		
A. Food Truck Vendor – Encompasses all mobile food	service units with the exception	n of pushcarts.
B. Ice Cream Truck - A food truck in which ice cream, pon the streets of the city, but no other types of food sold		frozen desserts of any kind are carried for the purpose of retail sale
C. Pushcart – A human propelled, self-contained, enclos and the City of Dublin. Pushcarts shall be no larger 5 feet by 10 feet.		es at pre-determined locations as approved by the health authority
Brief Description of vending unit, including type, make, mo	odal dimansions	
	Juci unitensions.	
License Plate Number of Food Truck or Trailer:		
Vending Locations and Time:		
Location Address	Time	Map/Parcel
Please attach the following items required	l for permitting:	
 List of vending unit operators name and Copy of approved permit from Departm Photo of mobile vending unit Copy of required insurance Property owner's consent form (copy at 	ent of Public Health or Dep	artment of Agriculture
As the responsible party of the above listed Mobile Food Venertaining to Mobile Food Service and I understand my melicense may be revoked for failure to follow any and all regions.	obile food vending	d understand all aspects of the City of Dublin's Ordinance
Applicant's Signature and Title in Business	Date	



Mobile Food Service Location Unit Listing

Name of Mobile Unit:	Vehicle ID Number:							
Specific Location	Time of Day	Day of Week						
'	,	(select applicable days)			5)			
		М			Th			
		M	Т	W	Th	F	Sa	Su
		М	T	W	Th	F	Sa	Su
		M	Т	W	Th	F	Sa	Su
		M	Т	W	Th	F	Sa	Su
		M	T	W	Th	F	Sa	Su
Note: A valid current license may amend their applicati I attest that the mobile unit listed above will operate atday of								lin, Georgia this
Signature	Pri	nted Name	e and	d Title	e			



Mobile Unit Operator's Listing

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

MOBILE FOOD SERVICE UNIT PROPERTY USE AGREEMENT



The property owner agrees to allow the Mobile Food Service Unit listed below to use his/her property (indicated below) as a a Food Vending Location during the times specified below.

PROPERTY OWNER INFORMATION:

Owner Name:					
Street Address of	Owner:				
City:	State:	Zip:	E-Mail Address:		
Signature:			Date:		
MOBILE FOOD SE	RVICE UNIT INFORM	ATION:			
Name of Mobile F	ood Unit:				
Name of Mobile F	Food Service Unit Owi	ner:		Phone ()	
Times of Operatio	on:		Base of Operation:		
City:	State:	Zip:	E-Mail Address:		
Signature:			Date:		

NOTE: As a Mobile Food Service Unit permit holder, I understand and agree that if I make any changes not listed in initial application, I must notify the City of Dublin, Georgia immediately. I further understand that failure of notification of any changes may result in the suspension or revocation of my permit to operate as a Mobile Food Service Unit.