City of White Mobile Food Vendor Application

1. Name of business to operate Mobile Food Vendor Unit:

   _____

2. Owner/Operator contact information:
   a. Name: _____
   b. Phone Number: _____
   c. Address: _____
3. Where will Mobile Food Vendor unit be located:

   _____

4. Type of Mobile Food Vendor Unit:

   _____

5. License plate number of Mobile Food Vendor Unit:

   _____

6. Please attach a copy of the following documents:
   a. Approved Georgia Department of Public Health Food Service Application
   b. Proof of insurance for the Mobile Food Vendor Unit
   c. Department of Public Health Food Safety Score
   d. Business license for the City of White