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How to know if a mobile unit can operate in Fayette County

DPH GEORGIA DEPARTMENT OF PUBLIC HEALTH
KATHLEEN E. TOOMEY, M.D., M.P.H., COMMISSIONER

MOBILE FOOD SERVICE UNIT PERMIT

(DATE ISSUED) FSP 056 000
(PERMIT NUMBER)

A PERMIT IS HEREBY GRANTED TO

_____ to maintain and operate a mobile food service unit
(PERMIT HOLDER)

Name of Mobile Unit: _____
Base of Operation: _____
(BASE OF OPERATION'S PERMIT NUMBER)

Location of Base of Operation: _____ (CITY OR TOWN)
(STREET, HIGHWAY, OR RFD)

License Plate Number: _____

This permit signifies compliance on the date of issue with the Rules of the Georgia Department of Public Health pursuant to the O.C.G.A. 26-2-373 et seq, and is valid until the permit is suspended, revoked, or expires.

Issuing Official for County Board of Health

DISPLAY FOR PUBLIC VIEW - NOT TRANSFERABLE - PROPERTY OF THE HEALTH AUTHORITY

On this line there will be a permit number that should read "FSP-056-00xxxx". The "056" indicates that it is a Fayette County permit and they are allowed to vend in the county.

OR

"AUTHORIZATION TO OPERATE" FOR MOBILE FOOD TRUCK, TRAILER, OR PUSHCART

DATE ISSUED: _____ DATE OF EXPIRATION (if applicable): _____

MOBILE UNIT NAME: _____

MOBILE UNIT PERMIT HOLDER NAME: _____

COUNTY: _____

This authorization will allow the mobile unit to operate in the county upon issue. The mobile unit operator is subject to county (health authority) enforcement of the Georgia Food Service Rules and Regulations. The mobile food service establishment shall allow the issuing health authority access of the operation for the purpose of inspection. If the County of Origin for which holds the permit of the mobile food service establishment has an expiration date for such permit, this authorization is subject to the same expiration timeline as said permits. Upon expiration, the mobile unit operator shall renew authorization to continue operation of the mobile unit.

AUTHORIZATION ISSUED BY: _____
PRINTED NAME TITLE SIGNATURE

MOBILE FOOD UNIT OPERATORS SHALL RETAIN FOR HEALTH DEPARTMENT REVIEW DURING INSPECTION.



AUTHORIZATION CERTIFICATE - NOT TRANSFERABLE

They will have this "authorization to operate" which is half a page piece of paper. It will state that it is for Fayette County and will be signed by Bonnie Turner, Deborah Straight, Tamara Day, or Joseph Addison.

If they have either of these then they are approved to operate in Fayette County.