CITY OF DACULA
442 Harbins Rd., PO Box 400
Dacula, GA 30019
770-963-7451

MOBILE FOOD UNIT PERMIT

Applicant Information

Applicant Name: _____

Applicant Business: _____

Applicant Phone Number: _____

Applicant Address: _____

Location Information

Address: _____

Tax Parcel: _____   Zoning: _____

Goods Provided: _____

Operating Days and Hours: _____
(Maximum of three (3) days)

Mobile Food Unit Information

Make and Model _____   License Plate Number:_____

Operator's Name: _____   Operator's Phone Number: _____

Operator's Driver License Number: _____

THE APPLICANT MUST SUBMIT ONE (1) COPY OF THIS APPLICATION AND THE FOLLOWING FIVE (5) ITEMS:

1. A VALID HEALTH PERMIT FROM THE GEORGIA DEPARTMENT OF PUBLIC HEALTH AND GWINNETT COUNTY HEALTH DEPARTMENT STATING THE MOBILE FOOD UNIT MEETS ALL APPLICABLE STANDARDS. A VALID HEALTH PERMIT MUST BE MAINTAINED FOR THE DURATION OF THE PERMIT.

2. AN OCCUPATIONAL TAX CERTIFICATE.

3. A COPY OF A SIGNED AND NOTARIZED STATEMENT BY THE PROPERTY OWNER, WHICH PERMITS THE APPLICANT A MOBILE FOOD UNIT ON THE SUBJECT PROPERTY.

4. A SKETCH ILLUSTRATING ACCESS TO THE SITE, ALL PARKING AREAS, ROUTES FOR INGRESS AND EGRESS, PLACEMENT OF THE MOBILE FOOD UNIT, DISTANCE FROM THE PROPERTY LINES, GARBAGE RECEPTACLES AND ANY OTHER FEATURES ASSOCIATED WITH THE MOBILE FOOD UNIT. THE SKETCH WILL BE SUBJECT TO REVIEW BY THE DEPARTMENT OF PLANNING AND DEVELOPMENT.

5. PAYMENT OF $50 PERMIT FEE.

THE PROVISIONS AND TERMS BELOW SHALL APPLY TO MOBILE FOOD UNITS ENGAGED IN THE BUSINESS OF PREPARING, COOKING AND DISTRIBUTING FOOD PREPARED ON-SITE.

1.   Mobile food units are only allowed in C-1, C-2, C-3 and PMUD zoned properties.

2.   A mobile food unit may have up to six (6) permits per year. Each permit request will require a separate application.

3.   A mobile food unit operator shall maintain a $1,000,000.00 liability insurance policy.

4.   The operator shall comply with all state, federal, and local health and safety regulations. Requirements and licenses shall be obtained and maintained by all other health organization or governmental organization that may have jurisdiction over this subject matter.

5.   All requirements of the Fire Marshal's Office, Georgia Environmental Health Department, and the USDA must be followed at all times regarding food preparation, preservation, and sales.

6.   The City permit and applicable health certificates under which the mobile food unit is operating must be firmly attached and visible on the mobile food unit at all times.

7.   A mobile food unit operator shall not:

(1)   Sell anything other than food and non-alcoholic beverages and items incidental to the product and its consumption;

(2)   Permit a drive though to conjunction with the mobile food unit;

(3)   Use outdoor cooking facilities or temporary connection to potable water;

(4)   Set up more than one covered ten-foot by ten-foot table to provide condiments to patrons;

(5)   Play any music, sound effect or noise that is audible outside of the vehicle;

(6)   Place or utilize any signage that is not permanently affixed to the mobile food unit;

(7)   Fail to provide receptacles and properly dispose of all trash, refuse, compost and garbage that is generated by the use;

(8)   Cause any liquid wastes to be discharged from the mobile food unit;

(9)   Encroach public property or right-of-way without permission;

(10)   Be located within 15 feet of any street intersection, pedestrian crosswalk or driveway:

(11)   Leave structures unattended or stored at any time on the site including overnight parking. Units shall be removed from the site during hours of non-operation including all items associated with the mobile food unit operation.

8.   A permit may be revoked by the City Administrator at any time, due to the failure of the permit holder to comply with the provision of the permit. Notice of revocation shall be made in writing to the permit holder.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE APPLICATION AND AGREE TO ITS TERMS AND THAT ALL THE ABOVE STATEMENT ARE TRUE TO THE BEST OF YOUR KNOWLEDGE.

Applicant Signature: _____   Date: _____

Applicant Name (print): _____

_____

(*THE CITY HAS THIRTY (30) DAYS TO REVIEW THE APPLICATION FOR APPROVAL OR DENIAL*).

APPROVED / DENIED

Reviewed by: _____   Date: _____
                        Department of Planning and Development