

**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