TIFTON
The Friendly City
Business Department

Mobile Food Unit Permit Application

130 E. 1st Street, Tifton, GA 31794
Phone: (229) 391 3970 **Fax: (229) 391-3990**
Website: *www.tifton.net* **Email: *cityclerk@tifton.net***

FOR OFFICIAL USE ONLY

DATE RECEIVED____/____/_____ DATE APPROVED_____/_____/_____ PERMIT #_____

ANNUAL GROSS RECIEPTS: $_____ PERMIT FEE: $_____ ☐ CASH ☐ CHECK ☐ CARD

BUSINESS

Food Unit Name: _____

Sales Tax ID: _____ FEIN: _____

OPERATOR

Owner's Name: _____

Owner's Address: _____

Owner's Phone: (___) ____ - _____ Owner's License #: _____

Owner's Email: _____

VEHICLE

Vehicle Make/Model/Year: _____/_____/_____

Vehicle License plate #: _____

Site Location

Location Address: _____

Hours of Operation: _____

Indicate as follows: days (M-F) and Time (5:30am-9pm) * If there is a site change a new application form must be completed

INCLUDE THE FOLLOWING WITH THIS APPLICATION

- ☐ Photos of Vehicle *(all Sides and Signage)*
- ☐ Copy of Approved Tift County Health Department Permit
- ☐ Copy of Applicants Driver's License
- ☐ Copy of Menu
- ☐ Copy of current Occupational Tax Certificate from city where business is licensed
- ☐ Copy of Current Liability Insurance Policy *(no less than $1,000,000 policy)*
- ☐ Written consent of property owner where unit will be located
- ☐ Detailed Site Plan of the Proposed Vendor Site

Applicant Signature: _____ Date: _____/_____/_____

City of Tifton Mobile Food Unit Rules & Regulations

Tifton Code of Ordinances Appendix A 5.02.08

Permit required. It shall be unlawful for any person to sell, or offer for sale, food or beverages of any type from a commissary or mobile food unit without first obtaining a vendor permit as described herein.

Vendor site application requirements. *(Initial to acknowledge)*

- ☐ _____ Vendor sites shall be limited to private tracts of land within the GB General Business and CD Commercial Downtown zoning districts.
- ☐ _____ A separate application for each vendor site shall be submitted for approval prior to establishing a new vendor site.
- ☐ _____ Written consent from the property owner(s), property manager(s), leasing agent(s) and/or lessee(s) indicating their approval of the vendor site.
- ☐ _____ Each mobile food truck shall be located:
    - On paved surfaces only and shall not block drive aisles, access to loading/ service areas, emergency access or fire lanes.
    - No closer than 30 feet from the right-of-way
    - No closer than 15 feet from existing fire hydrants or transformers.
    - The overall vendor site shall include no less than 15 off-street parking spaces for each mobile food unit.
    - Within 100 feet of an existing brick-and-mortar restaurant during the hours when such restaurant is open to the public for business.
    - Within 300 feet of a school or day care facility while that facility is in session unless written approval is established with that facility.

Aesthetic/Signage Requirements *(Initial to acknowledge)*

- ☐ _____ Absolutely no flashing, blinking or strobe lights shall be used on or within mobile food unit or related signage. All exterior lights with over 60 watts shall contain opaque hood shields to direct the illumination downward.
- ☐ _____ All signs used must be permanently affixed to or painted on the mobile food unit and shall extend no more than six inches from the vehicle.
- ☐ _____ A portable menu board measuring no more than six square feet in size may be placed on the ground within the customer waiting area, no more than 10 feet from the edge of the mobile food unit.
- ☐ _____ In no instance shall the portable menu board be located between the mobile food unit and any adjoining public road.

Operational requirements. *(Initial to acknowledge)*

- ☐ _____ The vendor permit shall be firmly attached to the mobile food unit in a prominent and conspicuous location readily visible to patrons of the mobile food unit and visible on the mobile food unit at all times.
- ☐ _____ No sales or offers for sale shall be made from any mobile food unit between 9:00 p.m. and 5:30 a.m. unless such sale is in conjunction with a city-approved special event.
- ☐ _____ No structure, vehicle or equipment shall be left unattended or stored at any time on the vending site when sales are not taking place or during restricted hours of operation.
- ☐ _____ Each vendor shall comply with all state, federal and local health and safety regulations and requirements and shall obtain and maintain any and all licenses required by any other health organization or governmental organization having jurisdiction over this subject matter.
- ☐ _____ Vendors may sell food and non-alcoholic beverage items only

- ☐ _____ Each vendor shall provide for the sanitary collection of all refuse, litter and garbage generated by the patrons using that service and shall remove all such waste materials from the vendor site before the vehicle departs. Including the area surrounding the unit.
- ☐ _____ Absolutely no dumping of gray water on public or private property shall be permitted.

Indemnity.

By signing this agreement herein, I _____ (Owner/Operator) of _____ (Mobile Food Unit) am acknowledging that I have read the rule and regulations identified above. Also I am indemnifying and releasing the city, its agents, employees and elected officials from any and all liability against any and all claims, actions and suits of any type whatsoever.

Owner/Operator Signature: _____ Date: ___/___/_____

City of Tifton
Mobile Food Truck Locations

Applicant submits an application to operate a mobile food unit at the following locations inside the City of Tifton

Name of Location	Address	Operating Days/Times	Property Owner Permission
			◯ YES ◯ NO
			◯ YES ◯ NO
			◯ YES ◯ NO
			◯ YES ◯ NO

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for **Circle One** [*Occupation Tax Certificate, Regulatory Permit, Alcohol License, Taxi Permit*], or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Tifton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen. (Include front & back copy of driver's license)

2) _____ I am a legal permanent resident of the United States. (Include front & back copy of permanent resident card)

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. (Include front & back copy of resident card)

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____(state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires:

E-VERIFY REGISTRATION CAN BE ACCESSED THROUGH:
http://www.dhs.gov/e-verify

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation **employs more than ten employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Employer/Business

☐ **I employ more than 10 employees and have registered with E-Verify as required by law.**

_____
E-Verify /Federal Work Authorization User Identification Number

_____
Date of Authorization

☐ **I do not employ more than 10 employees and are exempt from registering with E-verify**

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 202__ in _____ (city), _____ (state).

_____ _____
Signature of Authorized Officer or Agent Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 202___.

_____
NOTARY PUBLIC

My Commission Expires: _____