



# Mobile Food Service Unit Location Approval Application

◇ This form must be submitted to The Office of Special Events, Film & Tourism and approved **after** obtaining a City of Savannah Business Tax Certificate and a **Chatham County Health Department Mobile Food Service Unit Permit**. Contact the Food Truck Coordinator at (912) 351-3837 for assistance. Please submit application in person at 1 Waring Drive (31404).

◇ MFSU Location Approvals expire on December 31<sup>st</sup> of each calendar year. Unless otherwise requested, applications will be processed for the current calendar year.

APPLICATION DATE: \_\_\_\_\_

New Approval       Renewal

## Applicant Information

Name of Business Owner (s): \_\_\_\_\_  
 Phone Number (s): \_\_\_\_\_  
 Email Address (s): \_\_\_\_\_  
 Primary Owner's Address: \_\_\_\_\_

## Business Information

Base of Operation Name: \_\_\_\_\_  
 Check here if within City Limits.  
 Base of Operation Physical Address: \_\_\_\_\_  
 Base of Operation Phone Number: \_\_\_\_\_ Business Email: \_\_\_\_\_

<input type="checkbox"/> Food Truck	<input type="checkbox"/> Push Cart <input type="checkbox"/> Public Property <input type="checkbox"/> Private Property
Name printed on Food Truck: _____	Name printed on Push Cart: _____
Vehicle Make, Model and Year (If applicable): _____	Cart Brand Name and Model Number (if applicable): _____
License Plate#: _____	

**Type of business (brief description of goods being sold):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check here if you are interested in public locations on City of Savannah property and in City rights-of-way.

Proposed Private Property Location(s) for Mobile Food Service Unit – Please attach Zoning Information Request Form. <i>Only complete this section if applicable.</i>				Office Use Only
1) Location and Address	Operating Hours: _____ to _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
2) Location and Address	Operating Hours: _____ to _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
3) Location and Address	Operating Hours: _____ to _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
4) Location and Address	Operating Hours: _____ to _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
5) Location and Address	Operating Hours: _____ to _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

**Required Documentation and Licenses**

The below documentation is **required** to qualify for a Mobile Food Service Unit Location Approval and **must** be submitted along with application.

- |  |  |
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| <input type="checkbox"/> Business Tax Certificate for Base of Operations, or if located outside City limits, evidence of licensing in the Base of Operation’s home jurisdiction, if applicable | <input type="checkbox"/> Georgia Motor Vehicle Driver’s License  |
| <input type="checkbox"/> Health Department Permit and Inspection Certificate for Base of Operations, if applicable   | <input type="checkbox"/> Recent photograph of Food Truck or Push Cart  |
| <input type="checkbox"/> City of Savannah Fire Department Inspection—Contact the Fire Marshal at (912) 644-5960 to schedule an inspection  | <input type="checkbox"/> Fully Executed copy of Lease Agreement for each proposed operating location   |
| <input type="checkbox"/> Georgia Motor Vehicle Registration  | <input type="checkbox"/> Sketch Plan(s) for each location illustrating the location of the MFSU, pedestrian clearance, any temporary seating, and other dimensional requirements |
| <input type="checkbox"/> Grease Management Plan—Food Trucks must comply with the City’s grease interceptor standards.  | <input type="checkbox"/> Mobile Food Service Unit (MFSU) Fee (paid once per calendar year per MFSU)  |

**Applicant’s Statement of Compliance**

By signing below, I acknowledge I have read, understand and agree to comply with the City of Savannah Code of Ordinances for the operation of a Mobile Food Service Unit and all other state laws and policies governing Mobile Food Service Units. I further acknowledge and understand I must obtain and have available at all times proof of private property owner approval to operate on private property.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name of Applicant

OFFICIAL STAFF USE ONLY	
Approval Effective date: _____	MFSU Fee \$ <b>200.00</b>
Approval Expiration date: _____	Total Paid \$ _____
	Balance \$ _____
Reviewed by Food Truck Coordinator Initial: _____	Check /MO #: _____
Review Completed on _____/_____/_____	