

LICENSE YEAR: _____



MOBILE FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION

FOR OFFICE USE ONLY			
DATE RECEIVED:	_____	DATE:	_____
BLDG INSP:	_____	DATE:	_____
ZONING:	_____	DATE:	_____
FIRE:	_____	DATE:	_____

PAYABLE TO:

City of Hinesville
115 East M.L. King, Jr. Drive
Hinesville, Georgia 31313

NAME OF MOBILE FOOD OWNER: _____

MAILING ADDRESS: CITY/STATE/ZIP _____

TRADE NAME OF COMMISSARY: _____ EMAIL ADDRESS: _____

BUSINESS / COMMISSARY ADDRESS: CITY/STATE/ZIP _____

BUSINESS PHONE: _____ ALTERNATE PHONE: _____

FOOD VENDING LOCATION ADDRESS: _____
(Please attach a copy of toilet use form)

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: MONTH/DAY/YEAR _____

FEDERAL TAX ID NUMBER: _____ STATE TAX ID NUMBER: _____

CITY BUSINESS LICENSE NUMBER: _____ OWNER DRIVER'S LICENSE NUMBER: _____
(Please attach a photocopy of driver licenses of all drivers)

TYPE OF VEHICLE: truck/other (specify) _____
(Please attach a photograph of mobile unit)

MAKE: _____ MODEL: _____ VIN: _____ PLATE NUMBER: _____
(Please attach copy of registration)

ACTIVE LICENSE / PERMIT FROM ANOTHER COUNTY: _____ (YES) _____ (NO)
(Please attach a copy of license / permit)

LICENSE FEE COMPUTATIONS	
Amount per event _____ x _____ days	(Enter Amount Due) \$ _____
Administrative Fee	\$ _____
Inspection Fee	\$ _____
Additional Fees	\$ _____
TOTAL DUE:	\$ _____
	TOTAL RECEIVED \$ _____

IMPORTANT - PLEASE READ CAREFULLY:
The applicant hereby agrees to be bound by all of the terms and conditions of the Ordinances adopted by the City of Hinesville, Georgia and any laws as may apply to the above business. I hereby agree to permit during business hours reasonable inspections as authorized by law. I hereby certify that all information provided is true and correct. I understand that providing false information may result in the revocation of my license. Licenses may be suspended or revoked for violation of the terms of the Ordinance. Notification is required of closing, change of business location or ownership.

THIS _____ DAY OF _____, 20_____
(AUTHORIZED SIGNATURE OF APPLICANT)

Personally, before me the undersigned appeared _____, who on Oath has sworn that the above information given therein is true and correct.

Sworn to and subscribed before me this _____ day of _____, 20_____
STATE OF: _____ COUNTY OF: _____ CITY OF: _____

NOTARY STAMP OR SEAL: _____ NOTARY PUBLIC: _____

LICENSE MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF THE TERMS OF THE ORDINANCE. NO BUSINESS, PERSON, OR ORGANIZATION IS TO OPERATE WITHOUT APPROVAL OF THIS APPLICATION FOR LICENSE.