



CLARKE COUNTY HEALTH DEPARTMENT

Environmental Health Services

183 Paradise Boulevard Suite 104 • Athens, Georgia 30607

Phone: 706-583-2658 • Fax: 706-583-2668



Mobile Unit Questionnaire

Please review the attached information on mobile unit requirements and visit the State Environmental Health Website (www.georgiaeh.us) for additional information. Note that all mobile units must operate from an approved base of operation (commissary). The base of operation may not be located in a private residence or shared with another food service establishment or facility. Return this completed questionnaire to the office of Clarke County Environmental Health. Once you have returned the questionnaire you will be contacted by an Environmental Health Specialist, within 5 business days, to schedule a consultation. The EHS will determine your requirements and will guide you through the rest of the permitting process.

It is important that you do not purchase or build a mobile food service unit until you have spoken with an Environmental Health Specialist and have been given final approval of your plans and specifications.

Name _____

Phone# _____

Best time to call? _____

Name of proposed mobile unit _____

Date submitted _____

1. What is the address of the proposed base of operation?

2. What type of structure is the proposed base of operation?

3. What type of equipment will be in the base of operation?

4. Is the base of operation served by sewer or septic?

5. What is the source of water for use on the unit? Describe how the unit will be filled with fresh water. What is the capacity of the freshwater storage tank?

6. How will waste water be removed from the unit? Describe how and where wastewater will be disposed. What is the capacity of the wastewater storage tank?

7. Where will the unit be cleaned?

8. Where will the unit be stored when not in use?

9. Describe how garbage will be stored and where it will be discarded.

10. Where is your restroom facility located?

11. Describe the overhead protection of your unit.

12. Describe how your food service and preparation areas are enclosed.

13. List all menu items including drinks and condiments.

14. Where will food be purchased and how will it be transported to the base of operation?

15. How will condiments be served?

16. Describe how and where foods will be cooked and prepared. Will any foods be prepared in advance?

17. Will a grill or oven be on the mobile unit? If yes, please describe type and location within unit.

18. How will hot and cold food temperatures be maintained on the unit?

19. How will food temperatures be maintained during transport?

20. How will power be supplied to the mobile unit?

Please provide any additional information about your proposed business plan. You may attach extra sheets if needed.



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MOBILE UNIT AND BASE OF OPERATION FEE SCHEDULE

1. Plan Review (1 time fee):
 - a. Base of Operation or Facility fee: \$400.00
 - b. Mobile Unit: \$ 400.00 (per unit)

2. Yearly Inspection fee (billed yearly):
 - a. Base of Operation or Facility fee: \$500.00
 - b. Mobile food service unit fee: \$500.00 (per unit)