



City of Springfield

Mobile Food Vending License Application

130 S. Laurel Street
PO Box 1
Springfield, GA 31329
(912) 754-7617

Vending Unit Name: _____

Owner Name: _____

Owner Mailing Address: _____

Contact Phone Number: _____ Email Address: _____

Type of Vending Unit (select only one per application):

A. Food Truck Vendor

A retail food establishment that is readily moveable, is a motorized wheeled vehicle, or a towed wheeled vehicle designed and equipped to serve food.

C. Pushcart

A non-self-propelled vehicle limited to serving pre-prepared or prepackaged food and non-potentially hazardous food.

B. Ice cream truck

A motor vehicle in which ice cream, popsicles, ice sherbets, or other frozen desserts of any kind are carried for the purpose of retail sale on the streets of the city.

D. Temporary food establishment

A retail food establishment, other than a licensed food truck vendor or pushcart that operates at a fixed location in conjunction with a single event or celebration.

Brief Description of vending unit, including type, make, model dimensions:

License Plate Number of Food Truck or Trailer: _____

Please attach the following:

1. List of vending unit operators names and phone numbers
2. Copy of approved permit from Department of Public Health or Department of Agriculture
3. List of proposed operating locations and times
4. Property owner consent for all proposed locations

As the responsible party for the above listed Mobile Food Vending Unit I have read and understand all aspects of City of Springfield Ordinance Chapter 6: Mobile Food Vending and I understand my food vending license may be revoked for failure to follow any and all regulations there in.

Applicants Signature

Date

To be completed by Administration:

Approval: _____ Date: _____ Fee: _____

Payment Received: _____ Amount: _____ () Cash () Card () Check # _____