

FOOD TRUCK/PUSHCART PERMIT APPLICATION
City of McDonough – Occupational Tax
136 Keys Ferry Street, 2nd Floor, McDonough, Georgia 30253
Phone (678) 782-6225
taxclerk@mcdonoughga.org

The following information shall be provided with each application for a mobile food vendor, or push cart permit.

Mobile Food Vendor Name: _____

Make, Model, & License Plate Number of the Vending Unit: _____

Owner's contact information (phone & email): _____

Operator's contact information (phone & email): _____

- Type of Vendor (Please check one): Street Vending Unit _____ Sidewalk Vending Unit _____
- County Health Department Permit (approved copy): YES or NO
- McDonough Fire Department Inspection (contact Captain Kelli Taylor @ 678-347-5436):
Approved or Denied
- List of operating locations and times (please attach separate sheet or write on back):
- Proof of Insurance: YES or NO
 - NOTE: Insurance requirement specific to mobile food vendors prior to issuance of permit. A mobile food vendor shall maintain a \$1,000,000.00 liability insurance policy as a condition of holding a city issued mobile food vendor permit. Proof of current liability insurance, issued by an insurance company licensed to do business in Georgia, protecting the mobile food vendor, the public and the city from all claims for damage to property and bodily injury, including death, which may arise from operation under or in connection with the permit. Such insurance shall name the city as an additional insured and shall provide that the policy shall not terminate or be canceled prior to the expiration date without 30 days advanced written notice to the city.

Signatures from property owner(s) indicating consent for the use of their property:

Property Owner's Name - Printed

Property Owner's Signature

Signature of the applicant indicating agreement to the listed requirements.

I, _____ (print complete name), as applicant for the aforementioned permit do hereby attest that I have read the above required information that I am to provide to the Community Development Department and will comply will all City codes and requirements.

APPLICANT SIGNATURE: _____ DATE: _____,

FOR OFFICIAL USE ONLY - Do Not Write Below This Line

FEE: \$ _____ Payment Method: Cash/Credit Card/Check/Money Order # _____

Approved/Denied Date: _____ Permit Number: _____

Staff Signature: _____