Application for Temporary Food Vendor Permit

City of Cornelia
Office of the City Clerk
PO Box 785
Cornelia, GA 30531

(Please Print or Type)

Application Information

Business Name: ________________________________________________________________
Applicant’s Name: ______________________________________________________________
Business Address: ________________________________________ City: _________________
State: _______ Zip Code: ___________________________ Telephone: ___________________
Email Address: ______________________________ Mobile Phone: _____________________

General Business Description

Please provide a general description of the food products to be offered and the preparation
methods to be used (grilling, frying, hot beverage service, etc.). Please include a menu with
this application.

Food Products: ________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Food Preparation Methods: ____________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Vehicle Information (If Applicable)

Make: ___________________________ Model: ___________________________ Year: __________
Length: _________________________ Width: _________________________ (Note: Max size 36’ L x 9’ W)
Please describe your sources of power and fresh water and your plan for disposal of wastewater:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**Dates and Times of Activity**

Please indicate the days and times you expect to be operating:

**Times**

Monday: ____________________________________________________

Tuesday: ____________________________________________________

Wednesday: ________________________________________________

Thursday: __________________________________________________

Friday: _____________________________________________________

Saturday: __________________________________________________

Sunday: ____________________________________________________

**Additional Documents Required**

_____ Copies of all necessary licenses and permits issued by Habersham County Health Dept.

_____ Check here if the Health Department has indicated a permit is not required for your type of operation

I understand that the operation of Mobile Food Vehicles and Temporary Food Vendor Facility is regulated by Chapter 12 of Cornelia City, and violations of these ordinances or any rules and regulations promulgated by the City shall be subject to a Civil Fine of $250 per day. Once a Permit has been issued it may be revoked, suspended or not renewed by the City Clerk for failure to comply with the provisions of this ordinance and any rules or regulations promulgated by the City.

Applicant’s Signature: ______________________________ Date: _________________