JEKYLL ISLAND AUTHORITY

FOOD TRUCK VENDOR PERMIT

Date:_____ Permit No. JFT-_____

Company Name: _____

Company Address: _____ City: _____ State: _____

Contact Number: _____ Contact Email: _____

Operators Name: _____ Operators Phone #: _____

Truck Information:

Year: _____ Make: _____ Model: _____ Tag #: _____

Number of Fryers: _____ Number of Griddles: _____ Number of Stove Burners: _____

Number of Sinks: _____ Number of Refrigerators: _____ Number of Freezers: _____

Equipment Powered by: Electric: _____ Propane (LPG): _____

Electricity provided by: Shore Line: _____ Generator: _____ Solar: _____

Generator Runs Off: Gasoline: _____ Propane (LPG): _____

Number of Employees working Truck at any □me: _____

Certifications Required for Permit:

Glynn County Department of Public Health Mobile License: _____ Date Issued: _____

Hood Fire Suppression System Certification: _____ Last Date Inspected: _____

Georgia Occupation Tax License: _____ Date of Issue: _____

Types of Food Served:

_____

_____

_____

_____

Applicants Signature: _____ Applicants Name: _____

Permit Approved By: _____ Date Approved: _____

This Permit may be revoked at any □me by the Jekyll Island Authority.