

City of Guyton, Georgia

Established 1887



Working Together to Make a Difference

STATE OF GEORGIA
COUNTY OF EFFINGHAM

CITY OF GUYTON MOBILE FOOD VENDOR LICENSE APPLICATION

Mobile Food Vendor Name: _____

Vending Unit information:

Type: _____ Make: _____

Model: _____ License Plate Number: _____

Owner's Name: _____

Business Mailing Address: _____

Phone Number: _____ Email: _____

Operator's Name: _____

Address: _____

Phone Number: _____ Email: _____

A written letter from property owners indicating consent for the use of their property is required. A copy of same shall be given to Guyton City Hall upon receipt of same.

A copy of the Approval to Vend from the Effingham County Department of Public Health is provided? Yes _____ No _____

A copy of Approved Permit from the Georgia Department of Agriculture (for ice cream trucks only) is provided? Yes _____ No _____

List of proposed operating locations and times the mobile food vendor will be in operation is provided? Yes _____ No _____

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A copy of the Certificate of Liability Insurance in the amount of \$1,000,000.00 is provided?
Yes _____ No _____

Proof of current liability insurance, issued by an insurance company licensed to do business in Georgia, protecting the food truck vendor, the public, and the City from all claims for damage to property or 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 thirty (30) days advanced written notice to the City.

By signing below, I agree to indemnify and release the City of Guyton, its agents, employees, and elected officials from any and all liability against any and all claims, actions, and suits of any type whatsoever.

My signature below also indicates an agreement to comply with the requirements listed in the attached Ordinance.

Signature of Applicant: _____

Date: _____