

Business Plan Overview: Mobile Vehicles & Rolling Stores

Section 1: Business Information

a. Owner's Name: _____ b. Date: ____/____/____
Last First M.I.

c. Firm Name: _____ Phone Number: (____) _____ - _____

d. Physical Address of Firm: _____
Street City State Zip

e. Briefly describe where products being sold will be stored when mobile unit is not in operation? _____

Section 2: Product(s) Information

a. At what temperatures will your products be held? (Check All That Apply)

REFRIGERATED FROZEN SHELF-STABLE

b. What type(s) of product(s) will be offered for sale? (Check All That Apply & List Products Below)

MEATS POULTRY SEAFOOD SHRIMP ONLY PREPACKAGED/LABELED

c. How are the products kept at their required temperatures? (Oysters, Clams, & Mussels Require Mechanical Refrigeration)

d. Where will your product(s) be sold? (Check All That Apply)

Seasonal Events/Flea Market Roadside Door to Door Wholesale Internet Other _____

e. Vehicle Registration.

My vehicle is registered in Georgia. My vehicle is registered in the state of _____.

Section 3: Change of Operation Notification

By signing this form, I attest that the information contained therein is accurate for my intended operations. I understand that any changes to my business model may necessitate additional facility/equipment requirements, or licenses. I will notify the Georgia Department of Agriculture prior to beginning any change of operation not originally disclosed on this form, so the need for additional facility/equipment requirements, or additional licenses, can be reassessed to ensure continued compliance with the Department's regulations.

Signature of Applicant

Printed Name

Title of Applicant

____/____/____
Date

Section 4: Department Use Only

Firm Type Code(s)
(Based on Plan Review Form)

Compliance Specialist