



Georgia Department of Public Health Food Service Application



Date _____ Amount Paid \$ _____ DHD # _____

Receipt # _____ Invoice # _____ Check # _____ Cash MC Visa

Check Appropriate Box(es): New Application Change of Ownership Change of Food Service Name
 Restaurant Catering Institutional Take Out Other: _____
 Mobile Base – **please complete a separate mobile food application for each mobile unit**
Food Service Risk Category: Risk Type I Risk Type II Risk Type III / HACCP Plan

FOOD SERVICE INFORMATION

Food Service Name: _____ Store # _____

Food Service Address: _____
Include suite / unit# _____ Street # and Name _____ Suite / Unit # _____ City _____ Zip Code _____

Email Address: _____ Business Phone #: _____

OWNER INFORMATION

Ownership By: Individual Corporation Partnership LLC Association Other _____

If Corporation, Partnership, LLC, Association or Other Legal Entity, please provide name(s), title(s), address and phone number of persons involved, including owners and officers. Please attach additional page if necessary.

Name Street # and Name City / State Zip Code Phone:

Name Street # and Name City / State Zip Code Phone:

Company Name: _____

Owner's Name: _____ Owner's Phone #: _____

Owner's Address: _____
Include suite / unit # _____ Street # and Name _____ Suite / Unit # _____ City _____ State _____ Zip Code _____

Owner's Email Address: _____

Please check here if you would like to receive our Food Safety Blog. You will receive an e-mail confirmation to be added.

Legal business name to appear on permit (the business owner's name or corporation name as it appears on the business license):

BILLING INFORMATION

Billing Company Name: _____

Billing Contact Name / Department: _____ Billing Phone #: _____

Billing Address: _____
Include suite / unit # _____ Street # and Name _____ Suite / Unit # _____ City _____ State _____ Zip Code _____

Billing Contact Email Address: _____

Applications **MUST INCLUDE** the following documents. Failure to supply this information will delay the approval of your application.

- Proposed menu (including seasonal, off-site and banquet menus).
- Minimum 8.5" x 11" plan drawn to scale** of food establishment showing location of equipment, plumbing, room finishes, electrical services & mechanical ventilation; **hot water heater specifications must be included with the plan.**
- Notarized Verification of Residency for Public Benefits Application with copy of the supporting secure and verifiable document.**

OPERATIONAL INFORMATION

Hours of Operation: Sun _____ Mon _____ Tue _____ Wed _____
Thu _____ Fri _____ Sat _____

Number of Seats: _____ Number of Staff (Maximum per Shift): _____ Total Square Feet of Facility: _____

Approximate number of meals to be served: Breakfast _____ Lunch _____ Dinner _____

Projected Date of Project Start: _____ Projected Date of Project Completion: _____

Certified Food Safety Manager: _____

The undersigned hereby applies for a permit to operate a food service establishment pursuant to O.C.G.A. 26-2-371-373, et seq. and hereby attests to the accuracy of the information provided in on the application and affirms to comply with the Cobb / Douglas County Board of Health Rules and Regulations for Food Service, Chapter 511-6-1.

Applicant Name: _____ Applicant Phone Number: _____

Applicant Address: _____
Include suite # Street # and name Suite / Unit # City State Zip Code

Applicant Signature: _____ Date: _____

Applicant Title: _____ Business Owner Authorized Agent

PERMITS ARE NOT TRANSFERABLE FROM OWNER-TO-OWNER OR PLACE-TO-PLACE

**You may obtain a copy of the Rules and Regulations for Food Service by visiting our website:
www.cobbanddouglaspublichealth.com.**

Return the completed application, with documentation, to the Center for Environmental Health:

Cobb County:
1738 County Services Parkway SW, 2nd Floor, Marietta, GA 30008-4012
Office: (770) 435-7815 | Fax: (770) 431-7410

Douglas County:
8700 Hospital Drive, 1st Floor, Douglasville, GA 30134-2264
Office: (770) 920-7311 | Fax: (770) 920-7317

Applicable fees will apply.