



Georgia Department of Public Health Food Service Application



OFFICE USE ONLY

Date _____ Amount Paid \$ _____ DHD # _____
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FACILITY INFORMATION

Name of Establishment: _____

Establishment Address: _____
 Include Suite / Unit # _____ Street # and Name _____ Suite / Unit # _____ City / Zip Code _____

Email: _____ Business Phone #: _____

Reason for plan review (check all appropriate boxes):

- New Application Change of Food Service Name
- Change of Ownership: will there be any changes to the previous menu, equipment or facility structure? Yes No

Method of operation (check all appropriate boxes):

- Restaurant Catering Institutional Take Out Online Other _____
- Mobile Base – **requires a separate mobile food service application for each mobile unit**
- Food Service / Wholesaler – **requires a Georgia Dept. of Agriculture permit in addition to food service permit**
- Incubator Establishment A (one shared space) – **variance required**
- Incubator Establishment B (cubicle / build out units) – **variance required**
- Incubator Establishment B member (cubicle / build out units) – **variance required**

Food service risk category:

- Risk Type I – do not cook any foods, may reheat commercially precooked ingredients
- Risk Type II – cook and / or hold and reheat foods that are prepared onsite
- Risk Type III / HACCP Plan – requires an approved HACCP plan

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

Business Name (if corporation, LLC, association, partnership): _____

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

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

Owner's Email: _____

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 / Dept: _____ Billing Phone #: _____

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

Billing Contact Email: _____

OPERATIONAL INFORMATION

Please identify **Hours of Operation** for each day of the week:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Number of Seats: _____ Number of Employees: _____

Smoke Free Designated Smoking Areas Only Smoking Allowed

Total Square Feet of Facility: _____ Number of Floors on which operations are conducted: _____

Approximate Number of Meals to be Served: Breakfast _____ Lunch _____ Dinner _____

Total number of Managers (have supervisory / management responsibility) who are certified in Food Safety: _____

Person who functions as the immediate supervisor of the management for the food service establishment such as zone, district or regional supervisor (if applicable):

Name: _____ Title: _____

Mailing Address: _____
Include Suite / Unit # Street # and Name Suite / Unit City / State / Zip Code

Phone #: _____ Email: _____

Projected Date for Project Start: _____ Projected Date for Project Completion: _____

Applications **MUST** include the following documents. **Failure to supply this information will delay the review process of your application.**

- Proposed Menu (including seasonal, off-site and banquet menus). Menu may be handwritten and does not require prices.
- Notarized** Verification of Residency with copy of supporting photo ID
- Plan **drawn to scale** of food establishment showing the location of each piece of equipment. **Size must be not less than 11 x 14.**
- Equipment List
- Manufacturer Specification sheets for each piece of equipment shown on the plan. **Hot water specifications must be included.**

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 #: _____

Applicant Signature: _____ Date _____

Owner Authorized Agent Contractor Other _____

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 all required documents** to the Center for Environmental Health. **Applicable fees will apply.**

Cobb County Center for Environmental Health
1738 County Services Parkway SW, 2nd Floor
Marietta, GA 30008-4012
Office: (770) 435-7815

Douglas County Center for Environmental Health
8700 Hospital Drive, 1st Floor
Douglasville, GA 30134-2264
Office: (770) 920-7311

Establishment Name: _____

Establishment Address: _____

Include suite / unit# Street # and Name Suite / Unit # City / Zip Code

FOOD PREPARATION REVIEW

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served:

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry (roast beef, whole turkeys, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups, stews, rice / noodles, gravy, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (pies, custards, cream fillings and toppings)	<input type="checkbox"/>	<input type="checkbox"/>
6. Fruits / vegetables to be washed onsite (if YES, prep sink is required)	<input type="checkbox"/>	<input type="checkbox"/>
7. * Specialty food (i.e. acidification, sushi, curing, drying, reduced oxygen packaging)	<input type="checkbox"/>	<input type="checkbox"/>
8. Other: _____		

* A HACCP plan is required for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority. Attach a copy of HACCP plan if applicable. (See Rule 511-6-1-.02 (5), Rule 511-6-1-.04 (6) (j) and Rule 511-6-1.10(5)(a) and (5)(b).

PLEASE CHECK THE APPROPRIATE BOX / ANSWER THE FOLLOWING QUESTIONS

A. FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? Yes No
2. What are the projected frequencies of deliveries for:
- | | Day of Week | AM / PM | KEY DROP DELIVERY |
|--------------------------|--------------------|----------------|--|
| Frozen foods _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refrigerated foods _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dry goods _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
3. Provide information on the amount of space (in cubic feet) allocated for:
- Dish Drying _____ Dry Storage _____ Refrigerated storage _____ Frozen storage _____
4. Will foods be transported after preparation (delivery or catering)? Yes No
- Please describe equipment used to transport hot / cold foods and provide spec sheets:
- _____
- _____
5. Please describe delivery radius (in time / distance traveled): N/A
- _____

B. COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 4° F (5 ° C) and below? Yes No **Ensure that thermometers are provided in all refrigeration units**
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked / ready-to-eat foods?
 Yes No
- If yes, how will cross-contamination be prevented?
- _____
- _____

B. COLD STORAGE continued

3. Does each refrigerator / freezer have a thermometer in the warmest part of the unit? Yes No

Number of refrigeration units: _____ Number of freezer units: _____

4. Is there a bulk ice machine available? Yes No

Describe the cleaning schedule for the bulk ice machine:

C. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHFs) in each category will be thawed. More than one method may apply. Also indicate where thawing will take place.

Thawing Method	* Thick Frozen Foods	* Thin Frozen Foods
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F (21° C)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): _____

*** Frozen foods: thick = more than one inch, thin = approximately one inch or less**

D. COOKING

What type of temperature measuring device will be used to measure final cooking / reheating temperatures of potentially hazardous foods (PHF)? **PHF is a food that requires time / temperature control for safety (TCS) to limit disease causing microorganism growth or toxin formation.**

1.

2. Will meat, poultry, eggs or fish be offered raw or undercooked on the menu? Yes No

If yes, which items? _____

Is there a consumer advisory? Yes No

3. List types of cooking equipment:

E. HOT / COLD HOLDING

1. How will hot PHF food be maintained at 135°F (57° C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF food be maintained at 41°F (5° C) or below during holding for service? Indicate type and number of cold holding units.

F. COOLING

Please indicate by checking the appropriate boxes how and where PHFs will be cooled to 41° F (5° C) within 6 hours (135° F to 70° F in 2 hours; then, 70° F to 41° F for a total cool time of 6 hours).

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS / GRAVY	THICK SOUPS / GRAVY	RICE / NOODLES
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume or Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): _____

G. REHEATING FOR HOLDING

How will PHF foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds? Indicate type and number of units used for reheating foods?

1. _____

2. How will reheating cooked and cooled food to 165° F for at least 15 seconds for hot holding occur rapidly and within 2 hours?

H. SAFE PRACTICES

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

1. _____
If No, how will ready-to-eat foods be cooled to 41° F? _____

2. Are raw fruits and vegetables included on the menu or as ingredients in dishes? Yes No
If Yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation? Yes No

3. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41° F - 135°F) during preparation.

4. Will the facility be serving food to a highly susceptible population? Yes No
If Yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

5. Are there any other locations besides the main kitchen area in which food is planned to be held or stored prior to being served?

Which of the following will be used to prevent handling of ready-to-eat foods? **Please check all that apply**

6. Disposable gloves Utensils Food grade paper

7. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and / or lesions? Yes No
Briefly describe the policy or attach a copy: _____

H. SAFE PRACTICES continued

8. Please indicate how and when employees will be trained on employee health policy, food safety and allergens. Include the method of training and the tracking mechanism.

The undersigned hereby acknowledges that the **FOOD PREPARATION REVIEW** was completed to accurately reflect the food service operation.

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Date: _____

Owner Authorized Agent Contractor Other _____

Establishment Name: _____

Establishment Address _____
Include suite / unit# _____ Street # and Name _____ Suite / Unit # _____ City / Zip Code _____

CONSTRUCTION AND FACILITIES REVIEW

A. FINISH SCHEDULE

Applicant must indicate which approved materials will be used in the areas shown in the chart below. **Examples of approved materials:** quarry tile (QT); stainless steel (SS); vinyl comp. tile (VCT); sealed concrete (SC); fiberglass reinforced panel (FRP).

	FLOOR	COVE BASE	WALLS	CEILING
Kitchen	_____	_____	_____	_____
Bar	_____	_____	_____	_____
Food Storage	_____	_____	_____	_____
Other Storage	_____	_____	_____	_____
Toilet Rooms	_____	_____	_____	_____
Dressing Rooms	_____	_____	_____	_____
Garbage & Refuse Storage	_____	_____	_____	_____
Mop Service Basin Area	_____	_____	_____	_____
Warewashing Area	_____	_____	_____	_____
Walk-in Refrigerators and Freezers	_____	_____	_____	_____

B. INSECT AND RODENT CONTROL

	YES	NO	N/A
1. Are all outside doors self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances planned to be left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all operable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of electrical device(s) identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all pipes and electrical conduit chases planned to be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is area around building clear of unnecessary brush, litter, boxes or other harborage locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are movable walls, doors or windows planned to be opened to the outdoors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will air curtains be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, where? _____

C. GARBAGE AND REFUSE

	YES	NO	N/A
Inside			
1. Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will refuse be stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, where? _____

3. Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Outside

4. Will a dumpster be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Number _____ Size _____ Frequency of pickup? _____

5. Will a compactor be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Number _____ Size _____ Frequency of pickup? _____

C. GARBAGE AND REFUSE continued

YES NO N/A

6. Will garbage cans be stored outside? YES NO N/A
7. Is there an area to store returnable damaged goods? YES NO N/A
8. Describe surface and location where dumpster / compactor / garbage cans are to be stored.

9. Describe location of grease storage container. _____

D. PLUMBING CONNECTIONS

YES NO N/A

1. Are floor drains provided and easily cleanable? YES NO N/A
- If Yes, indicate location: _____
2. Has grease trap been approved by Water Department? **Documentation approval is required.** YES NO N/A

E. WATER SUPPLY

1. Is water supply Public or Private? Public Private
- If Private, has source been approved? Yes No Pending **Please attach a copy of written approval and / or permit**
2. Is ice made on premises or purchased commercially? Made on Premises Purchased Commercially
- If Made on Premises, are specifications for the ice machine provided? Yes No

Describe location and method for ice scoop storage: _____

3. Type of hot water heater (hot water generator): Tank Tankless
- Make, model, storage capacity and BTU / KW of the **tank** hot water heater:
- Make _____ Model _____ Storage Capacity _____

What is the BTU or KW of the **tank** hot water heater? _____

Make, model and gallons per minute (GPM) of the **tankless** hot water heater:

Make _____ Model _____ GPM _____

4. Is there a water treatment device? Yes No
- If Yes, how will the device be inspected and serviced?

5. How is potable water system protected from contamination?
Are back flow prevention devices provided at the following?

YES NO N/A

- Mop sink YES NO N/A
- Chemical dispensers connected to water supply YES NO N/A
- Urinal YES NO N/A
- Toilet YES NO N/A
- Dishwashers YES NO N/A
- Ice machine YES NO N/A
- Steam tables YES NO N/A
- Hose connection YES NO N/A
- Beverage dispenser with carbonator YES NO N/A

Are air gaps installed at the following?

- Dish machine YES NO N/A
- 3-compartment sinks YES NO N/A
- 4-compartment sinks YES NO N/A
- Food preparation sinks YES NO N/A
- Ice machine YES NO N/A
- Dipper wells YES NO N/A

F. SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? Yes No
If No, is private disposal system approved? Yes No Pending **Please attach a copy of written approval and / or permit**

2. Are grease traps provided? Yes No

If Yes, where: _____

Provide schedule for cleaning and maintenance: _____

G. DRESSING ROOMS

1. Are dressing rooms provided? Yes No
2. Describe storage facilities for employees' personal belongings (e.g. purse, coats, boots, umbrellas, etc.):

H. GENERAL

1. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents? Yes No N/A

Describe location: _____

2. How are all toxics for use on the premises (including personal medications) stored away from food preparation and storage areas?

3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? Yes No

4. Will linens be laundered onsite? Yes No

If Yes, what will be laundered and where? _____

If No, how will linens be cleaned? _____

I. SINKS

1. Is a mop sink provided? Yes No

If Yes, where is it located? _____

2. If the menu dictates, is a meat preparation sink provided separate from a dedicated raw fruit and vegetable sink? Yes No

J. DISHWASHING FACILITIES

1. Which of the following sinks will be used for warewashing? **Please check all that apply**

Dishwasher Two compartment sink Three compartment sink

Is a pre-flush unit used? Yes No If Yes, what type? Hand operated Closed Re-circulating

2. Type of dishwasher sanitization used:

Dishwasher manufacturer: _____ Model Number: _____

Booster heater (if high temp sanitizing) manufacturer: _____ Model Number: _____

Chemical type (if low temp sanitizing): _____

Is ventilation provided? Yes No

3. Do all dish machines have templates with operating instructions? Yes No

J. DISHWASHING FACILITIES continued

- 4. Do all dish machines have required temperature / pressure gauges that are properly functioning? Yes No
- 5. Does the largest pot and pan fit into each compartment of the pot sink? Yes No

If No, what is the procedure for manual cleaning and sanitizing? _____

- 6. Are there drain boards on both ends of the pot sink? Yes No Is there enough space for air drying? Yes No
What type of sanitizer is used? Chlorine Hot water Iodine Quaternary ammonia

Other: _____

- 7. Are test papers / strips and / or kits available for checking sanitizer concentration? Yes No

K. HANDWASHING / TOILET FACILITIES

YES NO

- 1. Is there a hand washing sink in each food preparation and warewashing area? YES NO
Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet for hot / cold water? YES NO
- 2. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES NO
- 3. Is hand soap available at all hand washing sinks? YES NO
- 4. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? YES NO
- 5. Are covered waste receptacles available in each restroom used by females? YES NO
- 6. Is hot and cold running water under pressure available at each hand washing sink? YES NO
- 7. Are all toilet room doors self-closing? YES NO

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above information and approved food service plans and specifications without prior permission from the local health authority may nullify this approval.

Approval of these plans and specifications by the local health authority DOES NOT indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It DOES NOT constitute endorsement or acceptance of the completed establishment (structure or equipment). A final inspection of each completed establishment with the necessary equipment will be necessary to determine if it complies with the Cobb/Douglas County Board of Health Rules and Regulations for Food Service Chapter 290-5-14.

A food service permit from the local health authority must be secured before this establishment can operate as a food service establishment.

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Date: _____

Owner Authorized Agent Contractor Other _____

Return the completed application **with all required documents** to the Center for Environmental Health. **Applicable fees will apply.**

Cobb County Center for Environmental Health
1738 County Services Parkway SW, 2nd Floor
Marietta, GA 30008-4012
Office: (770) 435-7815

Douglas County Center for Environmental Health
8700 Hospital Drive, 1st Floor
Douglasville, GA 30134-2264
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