



Georgia Department of Public Health Food Service Application



OFFICE USE ONLY

Date _____ Amount Paid \$ _____ DHD # _____
 Invoice # _____ Auth # _____ Check # _____ Cash MC Visa Discover

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
- 3 sets of plans 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