



**FOOD SERVICE PERMIT APPLICATION FORM**

**Division of Environmental Health  
Food Protection Program  
445 Winn Way, Suite 320  
Decatur, GA 30030  
Phone: (404) 508-7900 Fax: (404) 508-7979  
www.dekalbhealth.net**

This form must be completed for all new and change of ownership facilities and for any changes to facility information. **If the information on this application or application addendum changes this department is to be notified. Picture identification is required to process application (i.e. driver's license, passport, etc.)** (PRINT IN CAPITAL LETTERS)

Facility Name: (as it will show on permit)		Phone: ( ) _____ Fax : ( ) _____	
Facility Address:	Suite #:	City: _____ Zip Code: _____	E-mail: _____ Website: _____
Anticipated Opening Date:		Is this food establishment located within a hotel, bar or office space? (If yes, provide name)	
Food Service Operation(s) Classification: <input type="checkbox"/> Restaurant <input type="checkbox"/> Mobile Unit <input type="checkbox"/> Mobile Base of Operation <input type="checkbox"/> Caterer <input type="checkbox"/> Delivery <input type="checkbox"/> Drive-Through <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Institution (specify) _____ <input type="checkbox"/> Extended Food Service <input type="checkbox"/> Incubator A ( <b>VARIANCE REQUIRED</b> ) <input type="checkbox"/> Incubator B ( <b>VARIANCE REQUIRED</b> )			
<b>OWNERSHIP INFORMATION</b>			
Ownership Legal Type: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC ( <b>Provide State Registration</b> ) <input type="checkbox"/> Corporation ( <b>Provide State Registration</b> ) <input type="checkbox"/> Franchise			
Name of Ownership:		Owner's Home Phone: ( ) _____ Owner's Cell Phone: ( ) _____	
Owner's Address:	City: _____ State: _____ Zip Code: _____	E-mail: _____ Fax Number: ( ) _____	
<b>BILLING INFORMATION (for INVOICES) same as facility <input type="checkbox"/> or:</b>			
Bill to Name:	City: _____ State: _____ Zip Code: _____	Phone: ( ) _____ E-mail: _____ Fax Number: ( ) _____	
Bill to Address:			
<b>AUTHORIZED AGENT INFORMATION: Authorized Agent (person affiliated with establishment after opening) for a corporation may sign this document in lieu of owner. No other agent's signature will be accepted.</b>			
Agent's Name:		Home Phone: ( ) _____ Cell Phone: ( ) _____	
Address		City: _____ Zip Code: _____	
<b>CERTIFIED FOOD SAFETY MANAGER (CFSM) INFORMATION</b>			
CFSM Name:	Certificate Expiration Date:	Phone: ( ) _____ Cell Phone: ( ) _____	
		<b>** Please provide a copy</b>	

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to the OCGA 26-2-371-373 and hereby certifies that the undersigned has received a copy of the Rules and Regulations for Food Service, Chapter 290-5-14, Georgia Department of Human Resources. The undersigned hereby attests to the accuracy of the information provided in this application, and affirms that the undersigned will comply with this chapter, and allow the Health Authority access to the establishment. **IT IS UNLAWFUL TO PROVIDE FALSE INFORMATION ON THIS DOCUMENT.**

Signature:	Date:
Signature:	Date:
Signature:	Date:

**FEES ARE NOT TRANSFERABLE OR REFUNDABLE**

<b>Office Use Only</b>	
Establishment #: _____	Menu type: <input type="checkbox"/> No Cook <input type="checkbox"/> Cook-Serve <input type="checkbox"/> Complex
Inspector ID #: _____	a) <input type="checkbox"/> Facility Name change: Old name: _____
	b) <input type="checkbox"/> Billing Address change <input type="checkbox"/> Owner Address change
	c) <input type="checkbox"/> Corporation name change
	d) <input type="checkbox"/> Facility closed (voluntary) Effective Date _____

**PARTNERSHIP INFORMATION**

Partner's Name:		Partner's Home Phone: ( ) _____ Partner's Cell Phone: ( ) _____
Partner's Address:	City: _____ Zip Code: _____	E-mail: _____ Fax Number: ( ) _____
Business Address:	City: _____ Zip Code: _____	Business Phone Number: ( ) _____

Partner's Name:		Partner's Home Phone: ( ) _____ Partner's Cell Phone: ( ) _____
Partner's Address:	City: _____ Zip Code: _____	E-mail: _____ Fax Number: ( ) _____
Business Address:	City: _____ Zip Code: _____	Business Phone Number: ( ) _____

Partner's Name:		Partner's Home Phone: ( ) _____ Partner's Cell Phone: ( ) _____
Partner's Address:	City: _____ Zip Code: _____	E-mail: _____ Fax Number: ( ) _____
Business Address:	City: _____ Zip Code: _____	Business Phone Number: ( ) _____

Partner's Name:		Partner's Home Phone: ( ) _____ Partner's Cell Phone: ( ) _____
Partner's Address:	City: _____ Zip Code: _____	E-mail: _____ Fax Number: ( ) _____
Business Address:	City: _____ Zip Code: _____	Business Phone Number: ( ) _____

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ADDENDUM TO  
 APPLICATION FOR FOOD SERVICE PERMIT  
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The following information is REQUIRED. Please return this completed form with the FOOD SERVICE PERMIT APPLICATION.

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Number of Seats: \_\_\_\_\_ Total Square Footage of kitchen, bar, storage and restrooms: \_\_\_\_\_

Total square footage of the building: \_\_\_\_\_

TOTAL Number of Managers: \_\_\_\_\_ Food Handlers: \_\_\_\_\_ Waiters: \_\_\_\_\_ Deliverers: \_\_\_\_\_

Estimated/Projected Number of Meals Served Weekly (approximate number):  
 Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Cater: \_\_\_\_\_

Total number of Managers with supervisory responsibility certified in Food Safety (i.e. ServSafe Certified, HACCP Certified, etc.) Please mail copies of certificates with application: \_\_\_\_\_

Type of Service [check all that apply]:

- On-site consumption  
*(Patron Restroom Required)*
 Off-site consumption
  Catering
  Single-use utensils  
 Multi-use utensils
  Other: \_\_\_\_\_

**Days and Hours of Operation**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
OPENING TIME:							
CLOSING TIME:							

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Owner  Agent

## NOTICE

**PLAN REVIEW INFORMATION:** IN ACCORDANCE WITH DPH CHAPTER 511-6-1-.02(4), THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY IN ITS REVIEW AND APPROVAL PROCESS OF SUBMITTED PLANS AND SPECIFICATIONS FOR PROPOSED NEW CONSTRUCTION, OR REMODELING AND CONVERSION OF EXISTING BUILDINGS FOR PROPOSED FOOD SERVICE ESTABLISHMENTS. ADDITIONALLY, THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY TO ACCESS THE LEVEL OF COMPLIANCE STATUS OF EXISTING FOOD SERVICE ESTABLISHMENTS DURING THE OCCURRENCE OF A CHANGE IN PERMIT HOLDER.

AS PER DPH CHAPTER 511-6-1-.02(1)(c), IN ORDER TO QUALIFY FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT, THE PERMIT APPLICANT MUST 1) BE AN OWNER OF THE PROPOSED FOOD SERVICE ESTABLISHMENT (OR AN OFFICER OF THE LEGAL OWNERSHIP), 2) AGREE TO ALLOW THE HEALTH AUTHORITY ACCESS TO THE FOOD SERVICE ESTABLISHMENT, 3) PROVIDE ALL REQUIRED INFORMATION REQUESTED BY THE HEALTH AUTHORITY AND PAY ALL APPLICABLE FEES; AND 4) PROVIDE EVIDENCE OF SATISFACTORY COMPLIANCE WITH THE PROVISIONS OF THE CHAPTER AND ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE LOCATION, CONSTRUCTION AND MAINTENANCE OF FOOD SERVICE ESTABLISHMENTS AND THE SAFETY OF PERSONS THEREIN.

AT THE HEALTH AUTHORITY'S INITIAL INSPECTION OF THE COMPLETED FOOD SERVICE ESTABLISHMENT AND PRIOR TO THE ISSUANCE OF A PERMIT BY DEMONSTRATING SATISFACTORILY COMPLIANCE WITH THE PROVISION OF DPH CHAPTER 511-6-1; AND PROVIDING WRITTEN DOCUMENTATION INDICATING SATISFACTORY COMPLIANCE WITH ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE FOOD ESTABLISHMENT'S LOCATION, CONSTRUCTION AND MAINTENANCE, AND THE SAFETY OF PERSONS THEREIN.

INSTRUCTIONS: COMPLETE THE FOLLOWING APPLICATION DOCUMENT IN DUPLICATE AND FORWARD THE ORIGINAL COMPLETED DOCUMENT TO DEKALB COUNTY BOARD OF HEALTH.



**PLAN REVIEW APPLICATION**

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PLEASE PRINT IN CAPITAL LETTERS.

**Person Requesting Plan Review**

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Facility Requiring Plan Review**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**NOTICE: A PERMIT APPLICATION AND ADDENDUM FOR THE FACILITY MUST BE COMPLETED, SIGNED AND RETURNED TO THE DIVISION OF ENVIRONMENTAL HEALTH BEFORE THE PLAN REVIEW PROCESS BEGINS.**

**Plan Submittal Information:**

One set of plans is required for a review and will be retained by the Division of Environmental Health.

Please enclose the following documents:

- Copy of the lease agreement
- Completed food service permit applications and verification of residency form
- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan NEW CONSTRUCTION ONLY
- Site plan showing location of business in building; location of building on site including streets; and location of any outside equipment (dumpsters, BBQ pits if applicable) NEW CONSTRUCTION ONLY
- Plan (drawn to scale) of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- Equipment schedule
- Water supply (include hot water heater specifications manufacture name and model number)
- Complies with all other provisions of laws that apply to the location, construction and maintenance of food service establishments and the safety of persons therein

**Please NOTE:** a fee will be assessed for the plan review and a separate permit fee prior to issuing permit. The plan review fee will be calculated based on submitted plans, applications, and menu. Payment is due at time of submission at DeKalb County Board of Health Environmental Health Office.

## DeKalb County EH - Food Service Plan Review Questionnaire

Name of Establishment:	Address:
Person completing form:	<b>**Please supply any additional information on a blank form. Thank you</b>

- 1) Is this a new operation/facility or change of ownership?
  
- 2) Is the location on sanitary sewer?
  
- 3) If change of ownership, will there be any changes to the menu (including items discontinued, items added, or changes in the way food is processed/prepared)?
  
- 4) If change of ownership, will there be any changes to equipment or facility structure?
  
- 5) What type of process (es) will be used in food preparation? Check all that apply.
  - Cooking (raw meat, poultry, eggs, and or fish)
  - Assemble only (No cooking)
  - Warming (heating commercially processed foods and/or cooking vegetables)
  - Reheat for hot holding (heating foods previously cooked and cooled onsite)  
Please list: \_\_\_\_\_
  - Cooling (previously cooked/reheated foods for refrigeration)  
Please list: \_\_\_\_\_
  - Specialized Process: check all that apply;  
 \*Requires a variance, HACCP plan and written procedures  
 + May require a variance and HACCP plan depending upon procedures  
 CURING\*                       SMOKING FOR PRESERVATION\*                       SPROUTING SEEDS  
 REDUCED OXYGEN PACKAGING SYSTEM+  
 OPERATING A MOLLUSCAN SHELLFISH TANK  
 USING FOOD ADDITIVES OR ADDING COMPONENTS TO RENDER FOOD NON-TCS FOR PRESREVATION\*  
 OTHER \_\_\_\_\_ (provide written plan)
  
- 6) Will foods be transported after preparation (e.g. catering, delivery)?
  
- 7) Will meat, poultry, eggs, and/or fish be offered raw or undercooked on the menu? If yes, which items? ***Provide the menu showing the consumer advisory with disclosure and reminder.***
  
- 8) Will produce (fruits/vegetables) be prepared (washed, rinsed or cut) for menu items?
  
- 9) Are there any outdoor dining, serving, bar, or cooking areas? If yes, please describe.
  
- 10) Will pet dog(s) be allowed at the patio area? ***If yes, please provide patio layout, and written procedures.***

Please answer the following questions.

Please attach separately, a detailed a business plan (which includes a DESCRIPTION OF YOUR BUSINESS MODEL, OPERATIONS PLAN (i.e. how you plan to operate), IDENTIFY MARKET/CONSUMERS, and SERVICES PROVIDED, etc).

**[Applies to NEW CONSTRUCTION or NEW CONCEPT MOVING INTO EXISTING BUSINESS]**

Chapter 511-6-1-.03(2)(n) allows for continued operations in the event of an interruption of electrical or water service for two or more hours ONLY if the Health Authority has approved a plan prior to the occurrence of such an event. Please indicate whether or not you would like to continue operations in the event of an interruption of electrical or water service for two or more hours:

- YES – I will provide an Emergency Operation Plan to the Health Authority prior to opening that will address adequate control of Risk Factors such as, but not limited to:
  - Ensuring availability (including alternate sources if necessary) of safe water
  - Adequate access to functioning toilets
  - Length of time capable of operating with no water and/or electricity
  - Other information as necessary dependent upon my type of operation
- NO – I do NOT plan to continue operations if there is an interruption in electrical service or water for more than 2 hours. I understand that any future decision to operate under such conditions will require a PRE-APPROVED Emergency Action Plan by the Health Authority PRIOR to such incident.

1. Please indicate how and when employees will be trained on employee health policy, food safety, and allergens? Method of training and tracking:

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2. Are all food supplies from inspected and approved sources? YES  NO

3. What are the projected number of deliveries for the items below and square footage:

Item	Number of times per week	AM/PM	Key Drop Delivery (Yes or No)	Square Footage of each space (cubic feet)
Frozen foods				
Refrigerated foods				
Dry goods				

4. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ ready-to-eat foods? YES  NO

5. Is an ice machine provided? YES  NO

6. Please describe the cleaning schedule of the ice machine:

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7. Which barriers do you plan to utilize to prevent handling of ready-to-eat foods with bare hands? \_\_\_\_\_

8. How will cooking equipment, counter tops and other food contact surfaces which cannot be submerged in sinks or put through as dishwasher be sanitized?

### FINISH SCHEDULE

**Instructions:** Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels [FRP], ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				



**INSTRUCTIONS:** Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA
<b>Handwashing facilities</b>	<ul style="list-style-type: none"> <li>• Identify number of the handwashing sinks in food preparation and warewashing areas:            ____Food Preparation    ____Warewashing Area</li> <li>• Type of hand drying device? Disposable towels <input type="checkbox"/> Hand-drying device <input type="checkbox"/></li> </ul>
<b>Warewashing Facilities</b>	<p><b>MANUAL DISHWASHING</b></p> <ul style="list-style-type: none"> <li>• Identify the length, width, and depth of one compartment of the 3-compartment sink:            _____</li> <li>• Will the largest pot/ pan fit into each compartment of the 3-compartment sink?  <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____</li> <li>• Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:            _____</li> <li>• What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water</li> </ul> <p><b>MECHANICAL DISHWASHING</b></p> <ul style="list-style-type: none"> <li>• Identify the make and model of the mechanical dishwasher: _____</li> <li>• What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water    Booster Heater            Specifications: _____</li> <li>• Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
<b>Water Supply</b>	<ul style="list-style-type: none"> <li>• Is the water supply public or non-public/private? Public <input type="checkbox"/> Non-Public/private <input type="checkbox"/> <ul style="list-style-type: none"> <li>○ If private, has source been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/></li> <li>○ Attach copy of written approval and/or permit.</li> </ul> </li> <li>• Is ice made on premises or purchased commercially? Made on-site <input type="checkbox"/>    Purchased <input type="checkbox"/></li> <li>• Will there be an ice bagging operation? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>

TOPIC	MINIMUM CRITERIA
<b>Toilet Facilities</b>	<ul style="list-style-type: none"> <li>Identify locations and number of toilet facilities: _____</li> </ul>
<b>Dressing Rooms</b>	<ul style="list-style-type: none"> <li>Will dressing rooms be provided? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Describe storage facilities for employee personal belongings: _____ _____</li> </ul>
<b>Linens</b>	<ul style="list-style-type: none"> <li>Will linens be laundered on site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what will be laundered and where? _____</li> </ul>
<b>Poisonous/Cleaning Storage</b>	<ul style="list-style-type: none"> <li>Identify the location and storage of poisonous or toxic materials.</li> </ul>
<b>Pest Control</b>	<ul style="list-style-type: none"> <li>Will all outside doors be self-closing and rodent proof? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Will screens be provided on all entrances left open to the outside? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Will air curtains be used? If yes, where? _____</li> </ul> <p><i>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</i></p>
<b>Refuse, Recyclables and Returnable</b>	<ul style="list-style-type: none"> <li>Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor</li> <li>Will there be an area to store recyclables? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where : _____</li> <li>Will there be an area to store returnable damaged goods? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where : _____</li> </ul>
<b>Outdoor cooking</b>	<ul style="list-style-type: none"> <li>Will there be an outdoor bbq pit, smoker, etc... Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the drawing inclusive of materials used for housing the bbq equipment.</li> </ul> <p><i>Note: Permanent overhead covering and enclosed (screened) sides are required.</i></p>





GEORGIA DEPARTMENT OF PUBLIC HEALTH

Verification of Lawful U.S. Residency for License Application
O.C.G.A. Section 50-36-1(e)(2)

As part of my application for licensure from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[Check one of the following]

- (1) A citizen of the United States;
(2) A legal permanent resident of the United States;
or
(3) A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). The secure and verifiable document is my

The original "secure and verifiable document" was shown to the notary public, and a true copy of the document is attached to my application with this affidavit.

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face criminal penalties authorized by that statute.

Signature of Applicant

Subscribed and sworn before me this day of, 20.

Printed Name Of Applicant

Notary Public

My Commission Expires