



FOOD SERVICE PERMIT APPLICATION FORM

**Division of Environmental Health
 Department of Restaurants & Hotels
 445 Winn Way, Suite 320
 Decatur, GA 30031
 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"/> Caterer <input type="checkbox"/> Delivery <input type="checkbox"/> Drive-Through <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Institution (specify) _____ <input type="checkbox"/> Temporary: Event Beginning Date: _____ Ending Date: _____ Total No. of days _____			
OWNERSHIP INFORMATION			
Ownership Legal Type: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Franchise			
Owner's Name:		Owner's Home Phone: () _____ Owner's Cell Phone: () _____	
Owner's Address:	City: _____ State: _____ Zip Code: _____	E-mail: _____ Fax Number: () _____	
BILLING INFORMATION (for INVOICES) same as facility <input type="checkbox"/> or:			
Bill to Name:	City: _____ State: _____ Zip Code: _____	Phone: () _____ E-mail: _____ Fax Number: () _____	
Bill to Address:			
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.			
Agent's Name:		Home Phone: () _____ Cell Phone: () _____	
Address		City: _____ Zip Code: _____	
CERTIFIED FOOD SAFETY MANAGER (CFSM) INFORMATION			
CFSM Name:	Certificate Expiration Date:	Phone: () _____ Cell Phone: () _____	
	** Please provide a copy		

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

Office Use Only	
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: _____

TOTAL Number of Employees: _____ Managers _____ Food Handlers _____

Waiters _____ Deliverers _____

Estimated/Projected Number of Meals/People Served Weekly _____

Meals Served (check all that apply):

Breakfast Lunch Dinner Cater Mobile Unit

Total number of Managers/ Staff certified in Food Safety (i.e. ServSafe Certified, HACCP Certified, etc.) Please mail copies of certificates with application.

Days and Hours of Operation

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

Signature: _____

Date: _____

Print Name: _____

Owner

Agent



PLAN REVIEW APPLICATION
Division of Environmental Health
Department of Restaurants & Hotels
445 Winn Way, Suite 320
Decatur, GA 30031
Phone: (404) 508-7900 Fax: (404) 508-7979
www.dekalbhealth.net

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:

Submit application forms, menu and pay Plan Review fee.

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

Plans must be proportionate and detailed. Plans must include fixed location of all equipment and fixtures, plumbing diagram or written description of drain connections, finishes of floors, walls and ceiling in food service area, location and size of grease trap, location and specifications of hot water heater, location of public restroom facilities, location of garbage and waste grease collection, etc...

After application forms, plan and menu are submitted and plan review fees have been paid you will be contacted by an Environmental Health Specialist after the review has been completed or with a request for more information if needed. Our office will complete plan reviews in the order they are received. Estimated plan review completion time is 5-10 business days.