



**FOOD SERVICE PERMIT APPLICATION FORM**  
**Division of Environmental Health**  
**Department of Restaurants & Hotels**  
**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"/> 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 _____			
<b>OWNERSHIP INFORMATION</b>			
Ownership Legal Type: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <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**

**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  
 Division of Environmental Health  
 Department of Restaurants & Hotels  
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 Phone: (404) 508-7900 Fax: (404) 508-7979  
[www.dekalbhealth.net](http://www.dekalbhealth.net)

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 30030  
Phone: (404) 508-7900 Fax: (404) 508-7979  
[www.dekalbhealth.net](http://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.**

### Plan Review and Permit Requirements

The following information must be provided before an establishment can be reviewed for the issuance of a food service permit:

- One copy of the current proposed FULL menu with signature of accuracy that menu will not change prior to first routine inspection.
- Floor plan layout (**must be drawn to scale and proportionate**)
- Plan Review Application Form, Permit Application Form, and Addendum
  - i. **ALL** plan submissions must be legible. If illegible, new plans will be required before the plan review process begins.
  - ii. Forms must be completed by operator or designated agent that will work at the food service establishment after permit has been issued. Photo Identification must be available when submitting forms and payment.
- Food Service Establishment Questionnaire
- Finished construction materials used for floors, walls, and ceilings
- Equipment list, which includes types, manufacturers, locations, capacities of refrigeration, and installation specifics
- Grease trap/interceptor approval (FOG) or grease trap location indicated
- Plumbing diagram and verification of sewer connection
- Water heater specifications including, capacity, location, BTU/KW

**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.

## Food Service Plan Review Questionnaire

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

- 1) Is this a new 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 (meat, poultry, eggs, and or fish from raw)
  - Assemble only (No cooking)
  - Warming (heating commercially processed foods and/or cooking vegetables)
  - Reheat (heating foods previously cooked onsite)
  - Cooling (previously cooked/reheated foods for refrigeration)
  - Specialized Process (e.g. smoking, curing, sous vide, cook/chill, vacuum packaging, bottling, canning, dehydrating, preserving foods, sprouting seeds or beans, operating a molluscan shellfish tank, etc.)
- 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?
- 8) Will fresh produce (fruits/vegetables) be offered on the menu?
- 9) Are there any outdoor dining, serving, or cooking areas? If yes, please describe.
- 10) Please list any specialized process(es) to be conducted onsite (e.g. smoking, curing, sous vide, cook/chill, vacuum packaging, bottling, canning, dehydrating, preserving foods, sprouting seeds or beans, operating a molluscan shellfish tank, etc.). Please also attach written procedures for any process(es) listed.



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

Printed Name Of Applicant

Subscribed and sworn before me this day of, 20.

Notary Public

My Commission Expires

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document for proof of or documentation of identity, that document will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]