



PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE OPERATIONS

Complete in duplicate and forward the original to the local Health Authority, County Health Department, in which the facility is located.

Name of Facility: \_\_\_\_\_

Check Appropriate Block(s): [ ] Mobile food Service [ ] Food Service Establishment [ ] Catering Operation
[ ] New [ ] Change of Owner [ ] Renovation of Existing Establishment
[ ] Plans Attached [ ] Equipment List Attached [ ] Menu Attached

Supporting Documentation: [ ] Plan Review Checklist [ ] Food Preparation Review [ ] Construction Review

Food Service Risk Categorization: [ ] Risk Type I [ ] Risk Type II [ ] Risk Type III/HAACP Plan

Address of Facility: \_\_\_\_\_ Ga.
(Street, Highway, or RFD) (City) (County) (Zip Code)

Physical Location of Mobile Unit(s) if Applicable: \_\_\_\_\_
(Counties in which mobile units will operate)

Facility Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facility Owner's Address: \_\_\_\_\_
(Street, Highway, or RFD) (City) (County) (State) (Zip Code)

Business Ownership: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
(Individual, Association, Partnership, Corporation or legal Entity)

If Association, Partnership, Corporation or Legal Entity, give names, title, address and phone number of persons involved, including owners and officers. Otherwise indicate N/A

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

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(USE ADDITIONAL PAPER IF NEEDED)



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OPERATIONAL INFORMATION

Hours of Operation: Sun, Mon, Tues, Wed, Thurs, Fri, Sat

Number of Seats: Number of Staff: (Maximum per shift)

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

Maximum Meals to be served: Breakfast, Lunch, Dinner

Projected Date for Start of Project: Projected Date for Completion of Project:

Type of Service: Sit Down Meals, Take Out, Caterer, Mobile Vendor, Other

Please enclose the following documents:

- Proposed Menu (including seasonal, off-site and banquet menus)
Manufacturer Specification sheets for each piece of equipment shown on the plan
Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
Equipment schedule



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FOOD PREPARATION REVIEW:

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

Table with 3 columns: CATEGORY \*, (YES), (NO). Rows include: 1. Thin meats, poultry, fish, eggs; 2. Thick meats, whole poultry; 3. Cold processed foods; 4. Hot processed foods; 5. Bakery goods; 6. Other

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

- 1. Are all food supplies from inspected and approved sources? YES NO
2. What are the projected frequencies of deliveries for: Frozen foods, Refrigerated foods, Dry goods
3. Provide information on the amount of space (in cubic feet) allocated for: Dry storage, Refrigerated Storage, Frozen storage
4. How will dry goods be stored off the floor?



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**COLD STORAGE:**

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41° F (5 ° C) and below? YES  NO

Provide the method used to calculate cold storage requirements.

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does each refrigerator/freezer have a thermometer? YES  NO

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

4. Is there a bulk ice machine available? YES  NO

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

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

<b>Thawing Method</b>	<b>*THICK FROZEN FOODS</b>	<b>*THIN FROZEN FOODS</b>
Refrigeration		
Running Water Less than 70 ° F(21 ° C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

\* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.



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COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES [ ] NO [ ]

What type of temperature measuring device: \_\_\_\_\_

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Table with 2 columns: Product Name and Temperature/Time. Includes items like Beef roasts, Solid seafood pieces, Other PHF's, Eggs (Immediate service, Pooled\*), Pork, Comminuted meats/fish, Poultry, and Reheated for hot holding.

(\*pasteurized eggs must be served to a highly susceptible population)

(See Rule 290-5-14-.04 (5) pages 60 through 62 of the Chapter for more information.)

2. List types of cooking equipment.

Two horizontal lines for listing cooking equipment.

HOT/COLD HOLDING:

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

Two horizontal lines for describing hot holding methods.

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

Two horizontal lines for describing cold holding methods.



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**COOLING:**

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41 ° F (5 ° C) within 6 hours (135 ° F to 41 ° F in 6 hours; provided the food reaches from 135°F to 70 ° F in 2 hours). Also, indicate where the cooling will take place.

<b>COOLING METHOD</b>	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>THIN SOUPS/ GRAVY</b>	<b>THICK SOUPS/ GRAVY</b>	<b>RICE/ NOODLES</b>
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

1. Please describe how the cooling process for PHF's from 135 ° F to 70 ° F within 2 hours and 135 °F to 41 °F within 6 hours will be monitored to ensure that cooling parameters are met. Indicate type of food, cooling strategy, and the monitoring procedures (frequency, type of temperature measuring equipment used, written policies/procedures you intend to follow, etc).

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**REHEATING:**

1. How will PHF's 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.

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

\_\_\_\_\_  
\_\_\_\_\_

3. Will food employees be trained in good food sanitation practices? YES / NO  
Method of training:

\_\_\_\_\_

Number(s) of employees: \_\_\_\_\_

Dates of completion: \_\_\_\_\_

4. Will disposable, single-use gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES  NO

5. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  
YES  NO

Please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will employees have paid sick leave? YES  NO

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

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: YES  NO

7. 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

If not, how will ready-to-eat foods be cooled to 41 ° F?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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8. Are raw fruits and vegetables indicated within the menu? YES [ ] NO [ ]

If yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation?

YES [ ] NO [ ]

(Note: Multi-compartmented sinks are considered as one unit. For example, a 2-compartment sink is one unit and not two separate sinks.)

Describe \_\_\_\_\_

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

\_\_\_\_\_

10. Check Appropriate Block(s) for your proposed specialized processes:

- [ ] Not Applicable
[ ] Curing\*
[ ] Smoking for preservation\*
[ ] Sprouting seeds or beans\*
[ ] Reduced Oxygen Packaging+
[ ] Operating a molluscan shellfish life-support system\*
[ ] Custom processing animals that are for personal use as food and not for sale\*
[ ] Using food additives or adding components to render food non-PHF or for preservation\*

\*Require a variance

+Providing 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 290-5-14-.02 (5) page 24 and Rule 290-5-14-.04 (6) (j) page 70 and 71 of Chapter.)





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11. 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? \_\_\_\_\_

\_\_\_\_\_

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to O.C.G.A. 26-2-371-373 and hereby certifies that he has received a copy of the Rules and Regulations for Food Service, Chapter 290-5-14, Georgia Department of Public Health. Further and if granted a permit by the Health Authority to operate a food service establishment, the undersigned agrees to comply with all provisions contained with the Rules and Regulations of Chapter 290-5-14.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Title: \_\_\_\_\_

(State Whether Business Owner or Authorized Agent)

**NOTE: ANY CHANGES IN THE EXISTING FOOD SERVICE ESTABLISHMENT FACILITY WILL REQUIRE THE OWNER OR AGENT TO CONTACT THE LOCAL HEALTH AUTHORITY. IT IS ILLEGAL FOR FOOD SERVICE ESTABLISHMENTS TO BEGIN OPERATION WITHOUT FIRST OBTAINING A VALID FOOD SERVICE PERMIT FROM THE LOCAL HEALTH AUTHORITY.**

**A. FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Warewashing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				

**B. INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

	<b>YES</b>	<b>NO</b>	<b>NA</b>
1. Will all outside doors be self-closing and rodent proof ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will all pipes & electrical conduit chases 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 and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will air curtains be used? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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C. GARBAGE AND REFUSE

YES NO NA

Inside

- 8. Do all containers have lids?
9. Will refuse be stored inside?
10. Is there an area designated for garbage can or floor mat cleaning?

Outside

- 11. Will a dumpster be used?
12. Will a compactor be used?
13. Will garbage cans be stored outside?

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored

15. Describe location of grease storage receptacle

- 16. Is there an area to store recycled containers?
Describe

Indicate what materials are required to be recycled;

- Glass Metal Paper
Cardboard Plastic

- 17. Is there any area to store returnable damaged goods?

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**D. PLUMBING CONNECTIONS**

	<b>AIR GAP</b>	<b>AIR BREAK</b>	<b>*INTEGRAL TRAP</b>	<b>* P TRAP</b>	<b>VACUUM BREAKER</b>	<b>CONDENSATE PUMP</b>
<b>18. Toilet</b>						
<b>19. Urinals</b>						
<b>20. Dishwasher</b>						
<b>21. Garbage Grinder</b>						
<b>22. Ice machines</b>						
<b>23. Ice storage bin</b>						
<b>24. Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station</b>						
<b>25. Steam tables</b>						
<b>26. Dipper wells</b>						
<b>27. Refrigeration condensate/ drain lines</b>						
<b>28. Hose connection</b>						
<b>29. Potato peeler</b>						
<b>30. Beverage Dispenser w/carbonator</b>						
<b>31. Other</b> _____						



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\* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of the letter “P”. Full “S” traps are prohibited.

32. Are floor drains provided & easily cleanable, if so, indicate location: \_\_\_\_\_  
\_\_\_\_\_

**E. WATER SUPPLY**

33. Is water supply public  or private ?

34. If private, has source been approved? YES  NO  PENDING   
Please attach copy of written approval and/or permit.

35. Is ice made on premises  or purchased commercially?

If made on premise, are specifications for the ice machine provided? YES  NO

Describe provision for ice scoop Storage: \_\_\_\_\_

Provide location of ice maker or bagging operation \_\_\_\_\_

36. What is the capacity of the hot water generator? \_\_\_\_\_

37. Is the hot water generator sufficient for the needs of the establishment?

Provide calculations for necessary hot water. (See Section 9 of the Food Service Manual for Design, Installation and Construction for more information)

38. Is there a water treatment device? YES  NO

If yes, how will the device be inspected & serviced? \_\_\_\_\_  
\_\_\_\_\_

39. How is backflow prevention devices inspected & serviced? \_\_\_\_\_  
\_\_\_\_\_



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**F. SEWAGE DISPOSAL**

40. Is building connected to a municipal sewer? YES  NO

41. If no, is private disposal system approved? YES  NO  PENDING   
Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES  NO

If so, where? \_\_\_\_\_

Provide schedule for cleaning & maintenance \_\_\_\_\_

**G. DRESSING ROOMS**

43. Are dressing rooms provided? YES  NO

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) \_\_\_\_\_  
\_\_\_\_\_

**GENERAL**

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES  NO   
Indicate location: \_\_\_\_\_  
\_\_\_\_\_

46. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES  NO

47. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES  NO

48. Will linens be laundered on site? YES  NO   
If yes, what will be laundered and where? \_\_\_\_\_  
\_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

49. Is a laundry dryer available? YES  NO

50. Location of clean linen storage: \_\_\_\_\_



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51. Location of dirty linen storage: \_\_\_\_\_

52. Are containers constructed of safe materials to store bulk food products? YES  NO  Indicate type: \_\_\_\_\_

53. Indicate all areas where exhaust hoods are installed:

Table with 6 columns: LOCATION, FILTERS &/OR EXTRACTION DEVICES, SQUARE FEET, FIRE PROTECTION, AIR CAPACITY CFM, AIR MAKEUP CFM

54. How is each listed ventilation hood system cleaned? \_\_\_\_\_

I. SINKS

55. Is a mop sink present? YES  NO  If no, please describe facility for cleaning of mops and other equipment: \_\_\_\_\_

56. If the menu dictates, is a food preparation sink separate from a dedicated raw fruit and vegetable sink present? YES  NO

J. DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing? Dishwasher  Two compartment sink  Three compartment sink





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58. Dishwasher Type of sanitization used:

Hot water (temp. provided) \_\_\_\_\_

Booster heater \_\_\_\_\_

Chemical type \_\_\_\_\_

Is ventilation provided? YES  NO

59. Do all dish machines have templates with operating instructions? YES  NO

60. Do all dish machines have temperature/pressure gauges as required that are accurately working?  
YES  NO

61. 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?

\_\_\_\_\_

\_\_\_\_\_

62. Are there drain boards on both ends of the pot sink? YES  NO

63. What type of sanitizer is used?

Chlorine

Hot water

Iodine

Quaternary ammonium

Other \_\_\_\_\_

64. Are test papers and/or kits available for checking sanitizer concentration? YES  NO

**K. HOT WATER GENERATING EQUIPMENT**

65. For information on sizing water heating equipment see attachment "A"

**L. HANDWASHING/TOILET FACILITIES**

66. Is there a hand washing sink in each food preparation and warewashing area? YES  NO

67. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?  
YES  NO

68. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to  
reactivate the faucet? YES  NO



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69. Is hand cleanser available at all hand washing sinks? YES [ ] NO [ ]

70. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? YES [ ] NO [ ]

71. Are covered waste receptacles available in each restroom? YES [ ] NO [ ]

72. Is hot and cold running water under pressure available at each hand washing sink? YES [ ] NO [ ]

73. Are all toilet room doors self-closing? YES [ ] NO [ ]

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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 Georgia Rules and Regulations Governing food Service Establishments.

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

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_
Owner or responsible representative