# Georgia Department of Public Health
# Food Service Application

Georgia Department of Public Health

COBB & DOUGLAS PUBLIC HEALTH
Healthier lives. Healthier community.

## 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 Environmental Health
1738 County Services Parkway SW, 2nd Floor
Marietta, GA 30008-4012
Office: (770) 435-7815

Douglas County Environmental Health
4655 Timber Ridge Dr.
Douglasville, GA 30135-1224
Office: (770) 920-7311

Establishment Name: _____

Establishment Address: _____
**Include suite / unit#** **Street # and Name** **Suite / Unit #** **City / Zip Code**

## FOOD PREPARATION REVIEW

Check categories of **P**otentially **H**azardous **F**oods (PHF's) to be handled, prepared and served:

| | **CATEGORY** | **YES** | **NO** |
|---|---|---|---|
| 1. | Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets) | ☐ | ☐ |
| 2. | Thick meats, whole poultry (roast beef, whole turkeys, chickens, hams) | ☐ | ☐ |
| 3. | Cold processed foods (salads, sandwiches, vegetables) | ☐ | ☐ |
| 4. | Hot processed foods (soups, stews, rice / noodles, gravy, chowders, casseroles) | ☐ | ☐ |
| 5. | Bakery goods (pies, custards, cream fillings and toppings) | ☐ | ☐ |
| 6. | Fruits / vegetables to be washed onsite (**if YES, prep sink is required**) | ☐ | ☐ |
| 7. | ✱ Specialty food (i.e. acidification, sushi, curing, drying, reduced oxygen packaging) | ☐ | ☐ |

8. Other: _____

✱ 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 511-6-1-.02 (5), Rule 511-6-1-.04 (6) (j) and Rule 511-6-1.10(5)(a) and (5)(b).

**PLEASE CHECK THE APPROPRIATE BOX / ANSWER THE FOLLOWING QUESTIONS**

### A. FOOD SUPPLIES

1. Are all food supplies from inspected and approved sources? ☐ Yes ☐ No
2. What are the projected frequencies of deliveries for:

| | **Day of Week** | **AM / PM** | **KEY DROP DELIVERY** |
|---|---|---|---|
| Frozen foods | _____ | _____ | ☐ Yes ☐ No |
| Refrigerated foods | _____ | _____ | ☐ Yes ☐ No |
| Dry goods | _____ | _____ | ☐ Yes ☐ No |

3. Provide information on the amount of space (in cubic feet) allocated for:

Dish Drying _____ Dry Storage _____ Refrigerated Storage _____ Frozen Storage _____

4. Will foods be transported after preparation (delivery or catering)? ☐ Yes ☐ No

Please describe equipment used to transport hot / cold foods and provide spec sheets:

_____

_____

5. Please describe delivery radius (in time / distance traveled): ☐ N/A

_____

### B. COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 4º F (5 º C) and below? ☐ Yes ☐ No **Ensure that thermometers are provided in all refrigeration units**
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?

_____

_____

**B. COLD STORAGE continued**

3. Does each refrigerator / freezer have a thermometer in the warmest part of the unit? ☐ Yes ☐ No

Number of refrigeration units: _____ Number of freezer units: _____

4. Is there a bulk ice machine available? ☐ Yes ☐ No

Describe the cleaning schedule for the bulk ice machine:

**C. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD**

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

| Thawing Method | ∗ Thick Frozen Foods | ∗ Thin Frozen Foods |
|---|---|---|
| Refrigeration | ☐ | ☐ |
| Running water less than 70°F (21° C) | ☐ | ☐ |
| Microwave (as part of cooking process) | ☐ | ☐ |
| Cooked from frozen state | ☐ | ☐ |

Other (describe): _____

**∗ Frozen foods: thick = more than one inch, thin = approximately one inch or less**

**D. COOKING**

1. What type of temperature measuring device will be used to measure final cooking / reheating temperatures of potentially hazardous foods (PHF)? **PHF is a food that requires time / temperature control for safety (TCS) to limit disease causing microorganism growth or toxin formation.)**

2. Will meat, poultry, eggs or fish be offered raw or undercooked on the menu? ☐ Yes ☐ No

If yes, which items? _____

Is there a consumer advisory? ☐ Yes ☐ No

3. List types of cooking equipment:

**E. HOT / COLD HOLDING**

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

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

## F. COOLING

Please indicate by checking the appropriate boxes how and where PHFs will be cooled to 41° F (5° C) within 6 hours (135° F to 70° F in 2 hours; then, 70° F to 41° F for a total cool time of 6 hours).

| COOLING METHOD | THICK MEATS | THIN MEATS | THIN SOUPS / GRAVY | THICK SOUPS / GRAVY | RICE / NOODLES |
|---|---|---|---|---|---|
| Shallow Pans | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ice Baths | ☐ | ☐ | ☐ | ☐ | ☐ |
| Reduce Volume or Size | ☐ | ☐ | ☐ | ☐ | ☐ |
| Rapid Chill | ☐ | ☐ | ☐ | ☐ | ☐ |

Other (describe): _____

## G. REHEATING FOR HOLDING

1. How will PHF foods 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?

_____

_____

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

_____

_____

## H. SAFE PRACTICES

1. 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 No, how will ready-to-eat foods be cooled to 41° F? _____

_____

2. Are raw fruits and vegetables included on the menu or as ingredients in dishes? ☐ Yes ☐ No

   If Yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation? ☐ Yes ☐ No

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

_____

_____

4. 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?

_____

_____

5. Are there any other locations besides the main kitchen area in which food is planned to be held or stored prior to being served?

_____

6. Which of the following will be used to prevent handling of ready-to-eat foods? **Please check all that apply**
   ☐ Disposable gloves ☐ Utensils ☐ Food grade paper

7. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and / or lesions? ☐ Yes ☐ No

   Briefly describe the policy or attach a copy: _____

_____

**H. SAFE PRACTICES continued**

8. Please indicate how and when employees will be trained on employee health policy, food safety and allergens. Include the method of training and the tracking mechanism.

The undersigned hereby acknowledges that the **FOOD PREPARATION REVIEW** was completed to accurately reflect the food service operation.

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Date: _____

☐ Owner ☐ Authorized Agent ☐ Contractor ☐ Other _____

Establishment Name: _____

Establishment Address _____
**Include suite / unit#** **Street # and Name** **Suite / Unit #** **City / Zip Code**

## CONSTRUCTION AND FACILITIES REVIEW

### A. FINISH SCHEDULE

Applicant must indicate which approved materials will be used in the areas shown in the chart below. **Examples of approved materials:** quarry tile (QT); stainless steel (SS); vinyl comp. tile (VCT); sealed concrete (SC); fiberglass reinforced panel (FRP).

| | FLOOR | COVE BASE | WALLS | CEILING |
|---|---|---|---|---|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Other Storage | | | | |
| Toilet Rooms | | | | |
| Dressing Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Basin Area | | | | |
| Warewashing Area | | | | |
| Walk-in Refrigerators and Freezers | | | | |

### B. INSECT AND RODENT CONTROL

| | | YES | NO | N/A |
|---|---|---|---|---|
| 1. | Are all outside doors self-closing and rodent proof? | ☐ | ☐ | ☐ |
| 2. | Are screen doors provided on all entrances planned to be left open to the outside? | ☐ | ☐ | ☐ |
| 3. | Do all operable windows have a minimum #16 mesh screening? | ☐ | ☐ | ☐ |
| 4. | Is the placement of electrical device(s) identified on the plan? | ☐ | ☐ | ☐ |
| 5. | Are all pipes and electrical conduit chases planned to be sealed; ventilation systems exhaust and intakes protected? | ☐ | ☐ | ☐ |
| 6. | Is area around building clear of unnecessary brush, litter, boxes or other harborage locations? | ☐ | ☐ | ☐ |
| 7. | Are movable walls, doors or windows planned to be opened to the outdoors? | ☐ | ☐ | ☐ |
| 8. | Will air curtains be used? | ☐ | ☐ | ☐ |

If Yes, where? _____

### C. GARBAGE AND REFUSE

| | | YES | NO | N/A |
|---|---|---|---|---|
| | ***Inside*** | | | |
| 1. | Do all containers have lids? | ☐ | ☐ | ☐ |
| 2. | Will refuse be stored inside? | ☐ | ☐ | ☐ |

If Yes, where? _____

| | | | | |
|---|---|---|---|---|
| 3. | Is there an area designated for garbage can or floor mat cleaning? | ☐ | ☐ | ☐ |
| | ***Outside*** | | | |
| 4. | Will a dumpster be used? | ☐ | ☐ | ☐ |

Number _____ Size _____ Frequency of pickup? _____

| | | | | |
|---|---|---|---|---|
| 5. | Will a compactor be used? | ☐ | ☐ | ☐ |

Number _____ Size _____ Frequency of pickup? _____

**C. GARBAGE AND REFUSE continued**

| | | YES | NO | N/A |
|---|---|---|---|---|
| 6. | Will garbage cans be stored outside? | ☐ | ☐ | ☐ |
| 7. | Is there an area to store returnable damaged goods? | ☐ | ☐ | ☐ |

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

9. Describe location of grease storage container. _____

**D. PLUMBING CONNECTIONS**

| | | YES | NO | N/A |
|---|---|---|---|---|
| 1. | Are floor drains provided and easily cleanable? | ☐ | ☐ | ☐ |
| | If Yes, indicate location: _____ | | | |
| 2. | Has grease trap been approved by Water Department? **Documentation approval is required.** | ☐ | ☐ | ☐ |

**E. WATER SUPPLY**

1. Is water supply Public or Private? ☐ Public ☐ Private
   If Private, has source been approved? ☐ Yes ☐ No ☐ Pending **Please attach a copy of written approval and / or permit**
2. Is ice made on premises or purchased commercially? ☐ Made on Premises ☐ Purchased Commercially
   If Made on Premises, are specifications for the ice machine provided? ☐ Yes ☐ No

   Describe location and method for ice scoop storage: _____
3. Type of hot water heater (hot water generator): ☐ Tank ☐ Tankless
   Make, model, storage capacity and BTU / KW of the **tank** hot water heater:

   Make _____ Model _____ Storage Capacity _____

   What is the BTU or KW of the **tank** hot water heater? _____
   Make, model and gallons per minute (GPM) of the **tankless** hot water heater:

   Make _____ Model _____ GPM _____
4. Is there a water treatment device? ☐ Yes ☐ No

   If Yes, how will the device be inspected and serviced?

5. How is potable water system protected from contamination?

| **Are back flow prevention devices provided at the following?** | YES | NO | N/A |
|---|---|---|---|
| Mop sink | ☐ | ☐ | ☐ |
| Chemical dispensers connected to water supply | ☐ | ☐ | ☐ |
| Urinal | ☐ | ☐ | ☐ |
| Toilet | ☐ | ☐ | ☐ |
| Dishwashers | ☐ | ☐ | ☐ |
| Ice machine | ☐ | ☐ | ☐ |
| Steam tables | ☐ | ☐ | ☐ |
| Hose connection | ☐ | ☐ | ☐ |
| Beverage dispenser with carbonator | ☐ | ☐ | ☐ |
| **Are air gaps installed at the following?** | | | |
| Dish machine | ☐ | ☐ | ☐ |
| 3-compartment sinks | ☐ | ☐ | ☐ |
| 4-compartment sinks | ☐ | ☐ | ☐ |
| Food preparation sinks | ☐ | ☐ | ☐ |
| Ice machine | ☐ | ☐ | ☐ |
| Dipper wells | ☐ | ☐ | ☐ |

**F. SEWAGE DISPOSAL**

1. Is building connected to a municipal sewer? ☐ Yes ☐ No
   If No, is private disposal system approved? ☐ Yes ☐ No ☐ Pending **Please attach a copy of written approval and / or permit**
2. Are grease traps provided? ☐ Yes ☐ No

   If Yes, where: _____

   Provide schedule for cleaning and maintenance: _____

**G. DRESSING ROOMS**

1. Are dressing rooms provided? ☐ Yes ☐ No
2. Describe storage facilities for employees' personal belongings (e.g. purse, coats, boots, umbrellas, etc.):

**H. GENERAL**

1. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents? ☐ Yes ☐ No ☐ N/A

   Describe location: _____

2. How are all toxics for use on the premises (including personal medications) stored away from food preparation and storage areas?

3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? ☐ Yes ☐ No
4. Will linens be laundered onsite? ☐ Yes ☐ No

   If Yes, what will be laundered and where? _____

   If No, how will linens be cleaned? _____

**I. SINKS**

1. Is a mop sink provided? ☐ Yes ☐ No

   If Yes, where is it located? _____
2. If the menu dictates, is a meat preparation sink provided separate from a dedicated raw fruit and vegetable sink? ☐ Yes ☐ No

**J. DISHWASHING FACILITIES**

1. Which of the following sinks will be used for warewashing? **Please check all that apply**
   ☐ Dishwasher ☐ Two compartment sink ☐ Three compartment sink
   Is a pre-flush unit used? ☐ Yes ☐ No If Yes, what type? ☐ Hand operated ☐ Closed ☐ Re-circulating
2. Type of dishwasher sanitization used:

   Dishwasher manufacturer: _____ Model Number: _____

   Booster heater (if high temp sanitizing) manufacturer: _____ Model Number: _____

   Chemical type (if low temp sanitizing: _____
   Is ventilation provided? ☐ Yes ☐ No
3. Do all dish machines have templates with operating instructions? ☐ Yes ☐ No

**J. DISHWASHING FACILITIES continued**

4. Do all dish machines have required temperature / pressure gauges that are properly functioning? ☐ Yes ☐ No
5. 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? _____

_____

_____

6. Are there drain boards on both ends of the pot sink? ☐ Yes ☐ No Is there enough space for air drying? ☐ Yes ☐ No
   What type of sanitizer is used? ☐ Chlorine ☐ Hot water ☐ Iodine ☐ Quaternary ammonia

   Other: _____
7. Are test papers / strips and / or kits available for checking sanitizer concentration? ☐ Yes ☐ No

| **K. HANDWASHING / TOILET FACILITIES** | **YES** | **NO** |
|---|---|---|
| 1. Is there a hand washing sink in each food preparation and warewashing area? | ☐ | ☐ |
| 2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet for hot / cold water? | ☐ | ☐ |
| 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? | ☐ | ☐ |
| 4. Is hand soap available at all hand washing sinks? | ☐ | ☐ |
| 5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? | ☐ | ☐ |
| 6. Are covered waste receptacles available in each restroom used by females? | ☐ | ☐ |
| 7. Is hot and cold running water under pressure available at each hand washing sink? | ☐ | ☐ |
| 8. Are all toilet room doors self-closing? | ☐ | ☐ |

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 Cobb/Douglas County Board of Health Rules and Regulations for Food Service Chapter 511-6-1.**

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

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Date: _____

☐ Owner ☐ Authorized Agent ☐ Contractor ☐ Other _____

Return the completed application **with all required documents** to the Center for Environmental Health. **Applicable fees will apply.**

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