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 ☐ Amex ☐ 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 application:

☐ Update Contact Name / Telephone / Email Address ☐ Change of Billing / Owner Address ☐ Change of Food Service Name

Method of operation (check all appropriate boxes):

☐ Restaurant ☐ Catering ☐ Institutional ☐ Take Out ☐ Online ☐ Other _____

☐ Mobile Base

☐ 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: _____

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 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