

# Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523

Phone: 706-839-0277 Email: [habersham@dph.ga.gov](mailto:habersham@dph.ga.gov)

## Application for Food Service Permit

Applications are taken in office: Monday – Thursday between 8:00 AM - 4:00 PM and Friday 8:00AM -2:00 PM

The following items must be received to complete and process your application:

**Permit fees:**

FOOD SERVICE FEES	
Plan Review	
Minor Review (e.g., menu change, ownership change, minor renovation)	\$150.00
Major Review (e.g., special process, new facility)	\$200.00
Initial Permit	\$200.00
Mobile Food Unit (MFU) Authorization Fee	\$50.00
Initial MFU Permit (Base of Operation & 1 mobile unit)	\$250.00
Re-Inspection Fee (after unsatisfactory inspection)	\$150.00
Site Prior Evaluation	\$75.00
Authorized MFU Inspection Fee	\$100.00
Unauthorized Food Service Operations	\$500.00
Application & Annual Fees	
0-25 seats	\$200.00
26-50 seats	\$225.00
51-100 seats	\$250.00
100+ seats	\$275.00
Annual Facility Fee-Past Due	Annual Fee x2
Re-Inspection Fee	150.00
Annual Fee for Base/Mobile/Extended Kitchen (each permit)	\$175.00
HACCP Plan/Variance Review	\$100.00

**You will need to submit documentation showing proof of residency using one of the following:**

- U.S. Driver's License.

Or:

- Any documentation that meets the qualifications under Secure and Verifiable Documents Under O.C.G.A. § 50-36-2.

**The applicant shall provide the building owner's information to the Habersham County Environmental Health Department prior to submission of application.** Complete the Building Owners Information Document provided with the application packet.

**A plan review fee will be allotted for the following: new facilities, mobile food units, change of ownership, major/minor renovations, and special processes (e.g., HACCP plans, Type 3 Facility).** Call 706-839-0277 with questions or concerns.

**Plumbing, electrical, fire, and all other applicable utilities are subject to county or local municipality ordinances.** Please coordinate any necessary building inspections with the appropriate county/city official. It is the responsibility of the applicant to verify compliance with all regulations of other state, county and city departments. (e.g. Business License, Planning and Zoning, and Building Inspection).

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Date: \_\_\_\_\_

## Food Service Facility Type (please check one):

- New Establishment  Change of Ownership  Existing Facility with Major Renovation  
 Existing Facility with Minor Renovation

## Facility Information:

Proposed Facility Name: \_\_\_\_\_

County Map/Parcel ID: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Building Owner's Name: \_\_\_\_\_

Building Owner's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone no: \_\_\_\_\_ Mobile/Alt. no: \_\_\_\_\_

Email: \_\_\_\_\_

Person to call if an English-speaking employee is not present in establishment during an inspection:

Name: \_\_\_\_\_

Phone no. \_\_\_\_\_

Mobile no: \_\_\_\_\_

Email: \_\_\_\_\_

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## **Business Owner Information (please provide below):**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone no: \_\_\_\_\_

Email: \_\_\_\_\_

## **Billing Information (please provide below):**

Mail annual billing statements to:  Establishment  Business Owner  Authorized Agent

Authorized Agent: \_\_\_\_\_

Authorized Agent Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone no: \_\_\_\_\_

Mobile/Alt. no: \_\_\_\_\_

Email: \_\_\_\_\_

**YOU MUST ATTACH A COPY OF THE CURRENT FLOOR PLAN, YOUR PROPOSED FLOOR PLAN  
AND PROPOSED MENU TO THIS APPLICATION**

**It is the responsibility of the applicant to verify with other State, County, and/or local municipalities (i.e. Business Licensing, Planning & Zoning, Building Inspection) to ensure all regulations are met.**

**The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to the OCGA 26-2-371-373 et seq. and hereby attest to the accuracy of the information provided in on the application and affirms to comply with the Habersham County Board of Health Rules and Regulations for Food Service 511-6-1 and hereby certifies that they have received a copy of the Rules for Food Service, Chapter 511-6-1, Georgia Department of Public Health.**

\_\_\_\_\_  
Sign/Print Name

\_\_\_\_\_  
Date

Business owner - or-  Authorized agent



# GEORGIA DEPARTMENT OF PUBLIC HEALTH

## Verification of Residency

I hereby swear, under oath, that I am: (*check one of the following*)

- Citizen of the United States;
- A legal permanent resident of the United States;
- A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.  
Official Alien Number: \_\_\_\_\_

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):

- Driver's license
- Birth certificate
- US Passport
- US Permanent Residence or Alien Registration Receipt Card
- Certificate of Citizenship or Naturalization
- Other (please call our office at 404-657-6534 to verify document will be accepted)

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 the criminal penalties authorized by that statute.

Name (printed):

\_\_\_\_\_

Signature:

\_\_\_\_\_

Notes:

**This form must be notarized or it will not be accepted.**

<p>Subscribed and sworn before me this ____ day of _____, 20__.</p> <p>_____</p> <p>Notary Public My commission expires _____.</p>
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PERMIT APPLICATION FOR FOOD SERVICE  
ESTABLISHMENTS AND MOBILE/EXTENDED  
FOOD SERVICE BASE OF OPERATIONS

## NOTICE

THIS PERMIT APPLICATION PACKET IS COMPOSED OF THREE PARTS: ADMINISTRATIVE INFORMATION; OPERATIONAL INFORMATION; AND PLAN REVIEW INFORMATION.

**ADMINISTRATIVE INFORMATION:** THIS INFORMATION WILL BE USED TO ESTABLISH COMMUNICATION BETWEEN THE LOCAL HEALTH AUTHORITY AND THE PERMIT APPLICANT/PERMIT HOLDER. IT WILL ALSO BE USED TO ADMINISTER THE PERMITTING AND ESTABLISHMENT INSPECTION PROCESSES.

**OPERATIONAL INFORMATION:** THIS INFORMATION WILL BE USED TO ENABLE THE LOCAL HEALTH AUTHORITY TO BECOME FAMILIAR WITH THE QUESTIONS OF WHAT TYPES, WHEN, HOW MUCH, AND WHERE FOOD WILL BE PREPARED AND SERVED BY THE PROPOSED FOOD SERVICE ESTABLISHMENT.

**PLAN REVIEW INFORMATION:** IN ACCORDANCE WITH DPH CHAPTER 511-6-1-.02(4), THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY IN ITS REVIEW AND APPROVAL PROCESS OF SUBMITTED PLANS AND SPECIFICATIONS FOR PROPOSED NEW CONSTRUCTION, OR REMODELING AND CONVERSION OF EXISTING BUILDINGS FOR PROPOSED FOOD SERVICE ESTABLISHMENTS. ADDITIONALLY, THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY TO ACCESS THE LEVEL OF COMPLIANCE STATUS OF EXISTING FOOD SERVICE ESTABLISHMENTS DURING THE OCCURRENCE OF A CHANGE IN PERMIT HOLDER.

AS PER DPH CHAPTER 511-6-1-.02(1)(c), IN ORDER TO QUALIFY FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT, THE PERMIT APPLICANT MUST 1) BE AN OWNER OF THE PROPOSED FOOD SERVICE ESTABLISHMENT (OR AN OFFICER OF THE LEGAL OWNERSHIP), 2) AGREE TO ALLOW THE HEALTH AUTHORITY ACCESS TO THE FOOD SERVICE ESTABLISHMENT, 3) PROVIDE ALL REQUIRED INFORMATION REQUESTED BY THE HEALTH AUTHORITY AND PAY ALL APPLICABLE FEES; AND 4) PROVIDE EVIDENCE OF SATISFACTORY COMPLIANCE WITH THE PROVISIONS OF THE CHAPTER AND ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE LOCATION, CONSTRUCTION AND MAINTENANCE OF FOOD SERVICE ESTABLISHMENTS AND THE SAFETY OF PERSONS THEREIN.

AT THE HEALTH AUTHORITY'S INITIAL INSPECTION OF THE COMPLETED FOOD SERVICE ESTABLISHMENT, AND PRIOR TO THE ISSUANCE OF A PERMIT, THE APPLICANT MUST DEMONSTRATE SATISFACTORY COMPLIANCE WITH THE PROVISIONS OF DPH CHAPTER 511-6-1; AND PROVIDE WRITTEN DOCUMENTATION INDICATING SATISFACTORY COMPLIANCE WITH ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE FOOD ESTABLISHMENT'S LOCATION, CONSTRUCTION AND MAINTENANCE, AND THE SAFETY OF PERSONS THEREIN.

INSTRUCTIONS: COMPLETE THE FOLLOWING APPLICATION DOCUMENT IN DUPLICATE AND FORWARD THE ORIGINAL COMPLETED DOCUMENT TO THE LOCAL HEALTH AUTHORITY (COUNTY HEALTH DEPARTMENT), IN WHICH THE FOOD SERVICE ESTABLISHMENT OR MOBILE FOOD UNIT'S BASE OF OPERATION IS TO BE LOCATED. GO TO THE DEPARTMENT'S ENVIRONMENTAL HEALTH WEBPAGE AT:

<https://dph.georgia.gov/environmental-health> FOR COUNTY HEALTH DEPARTMENT CONTACT INFORMATION. YOU MAY OBTAIN A COPY OF THE RULES AND REGULATIONS FOR FOOD SERVICE BY VISITING OUR WEBSITE AT <http://dph.georgia.gov/food-rules-and-regulations>

## ADMINISTRATIVE INFORMATION

Name of Establishment: \_\_\_\_\_

Food Service/Base of Operations Address: \_\_\_\_\_  
Street # and Name Suite/Unit # City State Zip

Email address: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

### 1. Reason for plan review (Check appropriate block)

- New Application
- Change of Ownership:  
Will there be any changes to the previous menu, equipment or facility structure? \_\_\_\_\_
- Renovation of Existing Establishment

### 2. Method of Operation: (Check All Appropriate Blocks)

- Food Service Establishment
- Food Service/Wholesaler – **requires a Georgia Dept. of Agriculture permit in addition to food service permit**
- Catering Operation
- Mobile Unit Base of Operations – **please complete a mobile food unit application for each mobile unit and provide listing of all counties in which the unit(s) will operate:** \_\_\_\_\_  
\_\_\_\_\_
- Extended Food Service
- Institution (e.g. school, hospital, nursing home, etc.)
- 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**



**OPERATIONAL INFORMATION**

1. Is water supply: Public  or Private ?

2. If private, has source been approved? YES  NO  PENDING

**Please attach copy of written approval and/or permit.**

3. Please answer the following based on your operation (check all that apply):

- Establishment does not cook any raw animal foods; only reheat commercially precooked ingredients
- Establishment cooks raw animal foods and reheats cooked foods that are prepared onsite
- Establishment conducts a specialized process which requires an approved HACCP plan
- Establishment serves raw or undercooked animal foods in a ready to eat form (i.e. rare steaks/burgers, sashimi, etc)

4. Check Appropriate Block(s) for any proposed specialized processes for your establishment.

- Curing\*       Smoking for preservation\*       Sprouting seeds or beans\*
- Reduced Oxygen Packaging+       Operating a molluscan shellfish life-support system
- Using food additives or adding components to render food non-TCS or for preservation\*
- Not Applicable       Other \_\_\_\_\_

5. Please identify **Hours of Operation** for each day of the week

Sun \_\_\_\_\_ Tues \_\_\_\_\_ Thurs \_\_\_\_\_ Sat \_\_\_\_\_  
Mon \_\_\_\_\_ Wed \_\_\_\_\_ Fri \_\_\_\_\_

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 (approximate number):

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

\* Requires a variance, HACCP plan, and written procedures

+ May require a variance and HACCP plan depending on the procedures

## OPERATIONAL INFORMATION

6. Type of Service (check all that apply):

Sit Down Meals

Drive-thru

Take Out

Catering

Mobile unit

Delivery

Online

Other \_\_\_\_\_

7. Total number of Managers (have supervisory/management responsibility) which are certified in Food Safety \_\_\_\_\_

8. Required documents:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan (include hot water heater specifications)
- 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
- Water supply
- Complies with all other provisions of laws that apply to the location, construction and maintenance of food service establishments and the safety of persons therein

**(USE ADDITIONAL PAPER AS NEEDED)**

**OPERATIONAL INFORMATION Continued**

**FOOD PREPARATION REVIEW:**

Check categories of Time/Temperature Control for Safety Food (TCS) to be handled, prepared and served.

<b><u>CATEGORY</u></b>	<b>(YES) (NO)</b>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	<input type="checkbox"/> <input type="checkbox"/>
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	<input type="checkbox"/> <input type="checkbox"/>
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/> <input type="checkbox"/>
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	<input type="checkbox"/> <input type="checkbox"/>
5. Bakery goods (pies, custards, cream fillings & toppings)	<input type="checkbox"/> <input type="checkbox"/>
6. Fresh produce	<input type="checkbox"/> <input type="checkbox"/>
7. Specialty foods (i.e. acidification, curing, drying, reduced oxygen packaging, etc)	<input type="checkbox"/> <input type="checkbox"/>
8. Other _____	<input type="checkbox"/> <input type="checkbox"/>

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

**FOOD SUPPLIES:**

1. Are all food supplies from inspected and approved sources? YES  NO

Please list suppliers:

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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:

Dry storage \_\_\_\_\_  
 Refrigerated Storage \_\_\_\_\_  
 Frozen storage \_\_\_\_\_

4. How will dry goods be stored off the floor?

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

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

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**OPERATIONAL INFORMATION continued**

6. Please describe delivery radius (in time/distance traveled):

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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?

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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

5. Please describe the cleaning schedule for the bulk ice machine:

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**THAWING FROZEN TIME/TEMPERATURE FOR SAFETY (TCS) FOOD:**

Please indicate by checking the appropriate boxes how frozen time/temperature for safety foods (TCS) 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		
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.

**OPERATIONAL INFORMATION continued**

**COOKING:**

1. What type of Temperature measuring device (thermometer) will be used to measure final cooking/reheating temperatures of TCS foods?

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2. Will meat, poultry, eggs, or fish be offered raw or undercooked on the menu? If yes, which items?

NO  YES  \_\_\_\_\_

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

- Beef roasts----- 130 ° F (121 min)
- Solid seafood pieces ----- 145 ° F (15 sec)
- Other PHF's ----- 145 ° F (15 sec)
- Eggs:
  - Immediate service ----- 145 ° F (15 sec)
  - Pooled\* ----- 155 ° F (15 sec)(\*pasteurized eggs must be served to a highly susceptible population)
  
- Pork ----- 145 ° F (15 sec)
- Comminuted meats/fish ----- 155 ° F (15 sec)
- Poultry ----- 165 ° F (15 sec)
- Reheated for hot holding of cooked and cooled TCS foods--165 ° F (15 sec)

2. List types of cooking equipment.

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**HOT/COLD HOLDING:**

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

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

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**OPERATIONAL INFORMATION**

**COOLING:**

Please indicate by checking the appropriate boxes for how TCS foods 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 TCS food 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 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 FOR HOLDING:**

1. How will TCS 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.

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**SAFE PRACTICES:**

1. Please indicate how and when employees will be trained on employee health policy, food safety, and allergens? Method of training and tracking mechanism:

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2. Which barriers (such as disposable, single-use gloves, utensils, food grade paper, etc.) do you plan to utilize to prevent handling of ready-to-eat foods with bare hands?

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**OPERATIONAL INFORMATION continued**

3. 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 or attach a copy:

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4. 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

5. 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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6. Are raw fruits and vegetables served on the menu or ingredients in dishes? YES  NO   
If yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation?  
YES  NO

7. 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?

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

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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 or she has received a copy of the Rules and Regulations for Food Service, Chapter 511-6-1, 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 511-6-1.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ 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 TO SERVE FOOD TO THE PUBLIC WITHOUT FIRST OBTAINING A VALID FOOD SERVICE PERMIT FROM THE LOCAL HEALTH AUTHORITY.**

**PLAN REVIEW INFORMATION**

**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</b>				

**PLAN REVIEW INFORMATION**

**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?<br>If yes, where? _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C. GARBAGE AND REFUSE**

- |  | <b>YES</b>               | <b>NO</b>                | <b>NA</b>                |
|--|--------------------------|--------------------------|--------------------------|
| <b><u>Inside</u></b>   |                          |                          |                          |
| 8. Do all containers have lids?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will refuse be stored inside?<br>If so, where? _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there an area designated for garbage can or floor mat cleaning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PLAN REVIEW INFORMATION**

**YES                      NO                      NA**

**Outside**

11. Will a dumpster be used?  YES                       NO                       NA  
Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency of pickup \_\_\_\_\_  
Contractor \_\_\_\_\_

12. Will a compactor be used?  YES                       NO                       NA  
Number \_\_\_\_\_ Size \_\_\_\_\_  
Frequency of pick up \_\_\_\_\_  
Contractor \_\_\_\_\_

13. Will garbage cans be stored outside?  YES                       NO                       NA

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?  YES                       NO                       NA  
Describe  
\_\_\_\_\_  
\_\_\_\_\_

Indicate what materials are required to be recycled;

- Glass                       Metal                       Paper
- Cardboard                       Plastic

17. Is there any area to store returnable damaged goods?  YES                       NO                       NA

**PLAN REVIEW INFORMATION**

**D. PLUMBING CONNECTIONS** (Write NA if not applicable)

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

\* **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 wastewater 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.

**PLAN REVIEW INFORMATION**

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

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**E. WATER SUPPLY**

35. Is ice made on premises  or purchased commercially?

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

Describe location and method for ice scoop

storage: \_\_\_\_\_

Provide location of ice maker or bagging operation

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

37. Is the hot water generator sufficient for the needs of the establishment? YES  NO

Please provide the Water Heater:

Make \_\_\_\_\_ Model \_\_\_\_\_ Storage Capacity \_\_\_\_\_

BTU or KW \_\_\_\_\_

38. Is there a water treatment device? YES  NO

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

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39. How are 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 \_\_\_\_\_

**PLAN REVIEW INFORMATION**

**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.)

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**GENERAL**

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?  
YES  NO

Indicate location:

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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:

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

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**PLAN REVIEW INFORMATION**

53. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

54. How is each listed ventilation hood system cleaned?

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**I. SINKS**

55. Is a mop sink present? YES  NO

If no, please describe facility for cleaning of mops and other equipment:

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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 a dishwasher be used for warewashing in addition to the required three compartment sink?

YES  NO

58. Dishwasher Type of sanitization used (if applicable):

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

**PLAN REVIEW INFORMATION**

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?

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

63. What type of sanitizer is used? Chlorine Quaternary ammonium Other \_\_\_\_\_

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

**K. HANDWASHING/TOILET FACILITIES**

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

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

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

68. Is hand soap available at all hand washing sinks? YES  NO

70. Are hand drying facilities (paper towels, blowers) available at all handwash 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

**L. EMERGENCY ACTION PLAN**

74. If at any time your operation experiences an electrical or water interruption, do you have an Emergency Operations Plan (EOP)? YES  NO

...If your answer is YES, please ATTACH plan to this application along with all other documents requested.

If your answer is NO, please EXPLAIN your operation’s alternative to an EOP (such as, a *temporary closure*). \*Note: Information provided in this blank is for informational purposes ONLY. Providing an alternative to an EOP is not an approval for such activity from Georgia Department of Public Health. It is recommended to discuss any alternatives with your local EHS for verification of whether your operation is compliant with Chapter 511-6-1.

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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.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(State Whether Business Owner or Authorized Agent)

**DO NOT WRITE BELOW THIS LINE – HEALTH DEPARTMENT USE ONLY**

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Applicable Fees Paid? \_\_\_ YES \_\_\_ NO If NO, explain: \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE ENCLOSED:**

- |  |   |
|--|---|
| <input type="checkbox"/> Business Plan Attached          | <input type="checkbox"/> Equipment List Attached  |
| <input type="checkbox"/> Plans Attached                  | <input type="checkbox"/> Menu Attached  |
| <input type="checkbox"/> Equipment Schedule              | <input type="checkbox"/> Food Preparation Review  |
| <input type="checkbox"/> Plan Review Checklist           | <input type="checkbox"/> Water Supply Public/Approved   |
| <input type="checkbox"/> Construction Review             | <input type="checkbox"/> Wastewater/Septic System   |
| <input type="checkbox"/> Vomitus/Diarrheal Clean-up Plan | <input type="checkbox"/> Notarized Verification of Residency<br>For Public Benefits Application |

**WHEN APPLICABLE:**

- Procedures for allowing dogs on the patio
- Variance/HACCP plan/procedures
- Emergency Operations Plan
- Mobile Unit Application(s)

**FOOD SERVICE RISK CATEGORIZATION:**

- 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/HAACP Plan - requires an approved HACCP plan