



FOOD SERVICE APPLICATION PACKET

NOTICE

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 BY DEMONSTRATING SATISFACTORILY COMPLIANCE WITH THE PROVISION OF DPH CHAPTER 511-6-1; AND PROVIDING 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 DEKALB COUNTY BOARD OF HEALTH.

DeKalb Public Health

445 Winn Way – Box 987

Decatur, GA 30030

404.508.7900 • dekalbpublichealth.com

APPLICATION APPROVAL CHECKLIST

FOOD SERVICE OPERATIONS

NOTICE: ALL REQUIRED DOCUMENTS MUST BE SUBMITTED FOR YOUR APPLICATION TO BE APPROVED & BEFORE THE PLAN REVIEW PROCESS CAN BEGIN. ANY MISSING DOCUMENTS WILL DELAY YOUR TURNAROUND TIME.

REQUIRED DOCUMENTS:

- Completed Food Service Applications** (must be **legible** to be accepted)
 - **All Fields must be completed.** Blank fields will be considered an incomplete application and not accepted
 - Billing Information must be provided
 - **All contact emails & phone numbers** must be provided and accurate
 - Addendum must be **completely filled out**
 - Application must be **signed and notarized**
- Menus** (include all seasonal, website, children's, breakfast, brunch, lunch, dinner, holiday, catering, and banquet menus)
- Valid photo ID (a photocopy if applying by mail or email)**
- Verification of residency form**
- Copy of the Lease Agreement or Bill of Sale**
- Site Plan** showing location of business in building; location of building on site including streets; and location of any outside equipment (dumpsters, BBQ pits if applicable) and storage units. *Applies to New Construction, Additions & Renovations.*
- One set of Floor Plans** is required for a review and will be retained by the Division of Environmental Health.
 - Floor Plans (**drawn to scale**) of the food service establishment showing location of all equipment. Hand drawn plans that are **legible, neat, and drawn to-scale** are acceptable.
 - **All equipment must be labeled** on the floor plan or equipment schedule to be acceptable.
 - Drawings must include the plumbing diagram and schedule.
 - For changes of ownership, photos of the existing plumbing may be accepted in lieu of a plumbing diagram/schedule.
 - For new construction only: must include electrical plan and HVAC plan.
- Manufacturer Specification Sheets** for all food service equipment shown on the floor plans. **REQUIRED FOR ALL NEW BUSINESSES & CHANGES OF OWNERSHIP THAT HAVE ADDED OR REPLACED EQUIPMENT**
- Water Supply:** Hot Water Heater specification sheet(s) **must be provided.**
- Sewer Connection**—For existing buildings not previously permitted by Environmental Health, a **Water Bill** or proof of connection to sewer is required. **A food service permit cannot be legally issued for a building on a septic system.**
- Detailed Business Plan:** This is a description of your business model, operations plan, market/consumers, services provided, etc.

PAYMENT INFORMATION

- ◆ Plan Review Payment is due at time of submission to DeKalb County Environmental Health Office
- ◆ A separate Permit Fee will be assessed after your application is reviewed for completion.

APPLICATION SUBMISSION

- ◆ All applications should be submitted to DeKalb County Environmental Health Office by email (**preferred**), mail or in-person
- ◆ Completed applications with supporting documents should be emailed to: DeKalb.eh@dph.ga.gov
- ◆ Alternatively, applications can be mailed or delivered to: DeKalb Public Health, Division of Environmental Health, 445 Winn Way, Suite 320, Decatur, GA 30030

NOTICE: ALL REQUIRED DOCUMENTS AND FEES MUST BE SUBMITTED TO THE DIVISION OF ENVIRONMENTAL HEALTH BEFORE THE PLAN REVIEW PROCESS CAN BEGIN. MISSING INFORMATION OR DOCUMENTS WILL DELAY YOUR TURNAROUND TIME.



FOOD SERVICE PERMIT APPLICATION FORM
Division of Environmental Health
Food Protection Program
445 Winn Way, Suite 320
Decatur, GA 30030
Phone: (404) 508-7900 Fax: (404) 508-7979
dekalbpublichealth.com

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, institution, or office space? (If yes, provide name)	
Name of Incubator (Shared Kitchen) if Applicable:			
Operation Classification: <input type="checkbox"/> Food service Establishment (Fast Food, Full Service) <input type="checkbox"/> Caterer <input type="checkbox"/> Mobile Base of Operation <input type="checkbox"/> Institution (specify) _____ <input type="checkbox"/> Receiving/Satellite Kitchen <input type="checkbox"/> Extended Food Service <input type="checkbox"/> Incubator A (VARIANCE REQUIRED) <input type="checkbox"/> Incubator B (VARIANCE REQUIRED)			
OWNERSHIP INFORMATION			
Ownership By: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Provide State Registration) <input type="checkbox"/> Association <input type="checkbox"/> Other: _____			
Name of Ownership:		Owner's Home Phone: () _____ Owner's Cell Phone: () _____	
Owner's Address:		City: _____ State: _____ Zip Code: _____	E-mail: _____ Fax Number: () _____
BILLING INFORMATION (for INVOICES) same as facility or:			
Bill to Name:		City: _____ State: _____ Zip Code: _____	Phone: () _____ E-mail: _____ Fax Number: () _____
Bill to Address:			
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.			
Agent's Name:		Home Phone: () _____ Cell Phone: () _____	
Address		City: _____ Zip Code: _____	
CERTIFIED FOOD SAFETY MANAGER (CFSM) INFORMATION			
CFSM Name:	Certificate Expiration Date:	Phone: () _____ Cell Phone: () _____	
		** Please provide a copy	

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 511-6-1, Georgia Department of Public Health. 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:
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FEES ARE NOT TRANSFERABLE OR REFUNDABLE

Office Use Only		
Establishment #:	Inspector Area:	
Menu Type:	<input type="checkbox"/> No Cook	<input type="checkbox"/> Cook-Serve <input type="checkbox"/> Complex
<input type="checkbox"/> Facility Name Change Old Name _____	<input type="checkbox"/> Billing Address Change	<input type="checkbox"/> Owner Address Change
<input type="checkbox"/> Corporation/Organization Name Change		

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: () _____
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 511-6-1, Georgia Department of Public Health. 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:

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: () _____
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 511-6-1, Georgia Department of Public Health. 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:

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: () _____
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 511-6-1, Georgia Department of Public Health. 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:

FEES ARE NOT TRANSFERABLE OR REFUNDABLE



ADDENDUM TO
 APPLICATION FOR FOOD SERVICE PERMIT
 Division of Environmental Health
 Food Protection Program
 445 Winn Way, Suite 320
 Decatur, GA 30030
 Phone: (404) 508-7900 Fax: (404) 508-7979
dekalbpublichealth.com

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 of kitchen, bar, storage and restrooms: _____

Total square footage of the building: _____

TOTAL Number of Managers: _____ Food Handlers: _____ Waiters: _____ Deliverers: _____

Estimated/Projected Number of Meals Served Weekly (approximate number):
 Breakfast: _____ Lunch: _____ Dinner: _____ Cater: _____

Total number of Managers with supervisory responsibility certified in Food Safety (i.e. ServSafe Certified, HACCP Certified, etc.) Please mail copies of certificates with application: _____

Type of Service [check all that apply]:

- Sit Down Meals (Patron restroom required)
- Catering
- Other _____
- Take-out
- Mobile Unit
- Drive-thru
- Delivery

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
Food Protection Program
445 Winn Way, Suite 320
Decatur, GA 30030
Phone: (404) 508-7900 Fax: (404) 508-7979
dekalbpublichealth.com

PLEASE PRINT IN CAPITAL LETTERS.

Facility Name:		
Facility Address	City:	Zip code:
Owner :		
Owner Phone:	Owner Email	
Agent :		
Agent Phone:	Agent Email:	

One set of floor plans is required for a review and will be retained by the Division of Environmental Health.

Please provide a brief description of the scope of work (e.g. new construction; extensive remodel to the kitchen; change of ownership no changes to equipment of physical facilities).



FOOD SERVICE PLAN REVIEW QUESTIONNAIRE
 Division of Environmental Health
 Food Protection Program
 445 Winn Way, Suite 320
 Decatur, GA 30030
 Phone: (404) 508-7900 Fax: (404) 508-7979
 dekalbpublichealth.com

PLEASE PRINT IN CAPITAL LETTERS.

Facility Name:	
Facility Address	City: Zip code:
Completed By:	Title:

- 1) New operation/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, plumbing fixtures, finishes of physical facilities, or facility structure?
- 5) What type of process (es) will be used in food preparation? Check all that apply.
 - Cooking (raw meat, poultry, eggs, and or fish)
 - Assemble only (No cooking)
 - Warming (heating commercially processed foods and/or cooking vegetables)
 - Reheat for hot holding (heating foods previously cooked and cooled onsite)
Please list: _____
 - Cooling (previously cooked/reheated foods for refrigeration)
Please list: _____
 - Specialized Process: check all that apply;
Please include HACCP plan and SOPs; may require a variance application.
 - Operating A Molluscan Shellfish Tank
 - Reduced Oxygen Packaging
 - Curing
 - Using Food Additives Or Adding Components To Render Food Non-Time/Temperature Controlled for Safety
 - Smoking For Preservation
 - Other _____
 - Sprouting Seeds
- 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? ***Provide the menu showing the consumer advisory with disclosure and reminder.***
- 8) Will produce (fruits/vegetables) be prepared (washed, rinsed or cut) for menu items?
- 9) Are there any outdoor dining, serving, bar, or cooking areas? If yes, please describe.
- 10) Will pet dog(s) be allowed at the patio area? ***If yes, please provide patio layout, and written procedures.***

Please answer the following questions.

1. Chapter 511-6-1-.03(2)(n) allows for continued operations in the event of an interruption of electrical or water service for two or more hours ONLY if the Health Authority has approved a plan prior to the occurrence of such an event. Please indicate whether or not you would like to continue operations in the event of an interruption of electrical or water service for two or more hours:

YES – I will provide an Emergency Operation Plan to the Health Authority prior to opening that will address adequate control of Risk Factors such as, but not limited to: Ensuring availability (including alternate sources if necessary) of safe water; Adequate access to functioning toilets; Length of time capable of operating with no water and/or electricity; Other information as necessary dependent upon my type of operation

NO – I do NOT plan to continue operations if there is an interruption in electrical service or water for more than 2 hours. I understand that any future decision to operate under such conditions will require a PRE-APPROVED Emergency Action Plan by the Health Authority PRIOR to such incident.

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

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

4. What are the projected number of deliveries for the items below and square footage:

Item	Number of times per week	AM/PM	Key Drop Delivery (Yes or No)	Square Footage of each space (cubic feet)
Frozen foods				
Refrigerated foods				
Dry goods				

5. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ ready-to-eat foods? YES NO

6. Is an ice machine provided? YES NO

7. Please describe the cleaning schedule of the ice machine:

8. Which barriers do you plan to utilize to prevent handling of ready-to-eat foods with bare hands?

FINISH SCHEDULE

Instructions: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels [FRP], ceramic tile, 4" plastic coved molding, etc.). Indicate **Not Applicable (NA)** as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Mop Sink				
Refuse Area				
Toilet Rooms				
Bar				
Other: _____				

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

<p>Cleaning and Sanitizing Food Contact Surfaces</p>	<ul style="list-style-type: none"> • How will cooking equipment, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?
<p>Warewashing Facilities</p>	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of one compartment of the 3-compartment sink: • _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? • Describe size, location, and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space: _____ • Sanitization method? <input type="checkbox"/> Chemical _____ or <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Manufacturer _____ Model# _____ • Sanitization method? <input type="checkbox"/> Chemical/low temp <input type="checkbox"/> High Temp • Ventilation required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Water Supply</p>	<ul style="list-style-type: none"> • Type: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well (attach copy of permit) <input type="checkbox"/> EPD Permitted Well (attach copy of permit) • Water System Name: _____ • Ice: <input type="checkbox"/> Ice Machine on-site <input type="checkbox"/> Ice purchased from an approved source • Will there be an ice bagging operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Water Heater</p>	<p>Manufacturer _____ Model # _____</p> <p>Please include specification sheet.</p>

Toilet Facilities	<ul style="list-style-type: none"> Identify locations and number of toilet facilities: _____
Dressing Rooms	<ul style="list-style-type: none"> Will dressing rooms be provided? <input type="checkbox"/>Yes <input type="checkbox"/> No Describe storage facilities for employee personal belongings: _____
Linens	<p>Will linens be laundered on site? <input type="checkbox"/>Yes <input type="checkbox"/> No</p> <p>If yes, what will be laundered and where? _____</p>
Poisonous/Cleaning Storage	<ul style="list-style-type: none"> Identify the location and storage of poisonous or toxic materials.
Pest Control	<ul style="list-style-type: none"> Will all outside doors be self-closing and rodent proof? <input type="checkbox"/>Yes <input type="checkbox"/> No Will screens be provided on all entrances left open to the outside? <input type="checkbox"/>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Will air curtains be used? If yes, where? _____ <p><i>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</i></p>
Refuse, Recyclables and Returnable	<ul style="list-style-type: none"> Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor Will there be an area to store recyclables? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where : _____ Will there be an area to store returnable damaged goods? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where : _____
Outdoor cooking	<ul style="list-style-type: none"> Will there be an outdoor bbq pit, smoker, etc... <input type="checkbox"/>Yes <input type="checkbox"/> No If yes, provide the drawing inclusive of materials used for housing the bbq equipment. <p><i>Note: Permanent overhead covering and enclosed (screened) sides are required.</i></p>



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 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

Subscribed and sworn before me this ___ day of _____, 20__ .

Printed Name Of Applicant

Notary Public

My Commission Expires _____