



Georgia Department of Public Health Food Service Application



Date _____ Amount Paid \$ _____ Permit # _____

Receipt # _____ Invoice # _____ Check # _____ Cash MC Visa

Check Appropriate Box(es): New Application Change of Ownership Change of Facility Name
 Restaurant Catering Institutional Take Out Other: _____
 Mobile Base – **please complete a separate mobile food application for each mobile unit**
Food Service Risk Category: Risk Type I Risk Type II Risk Type III / HACCP Plan

FACILITY INFORMATION

Facility Name: _____ Store # _____

Facility Address: _____
Include suite # _____ Street # and Name _____ Suite / Unit # _____ City _____ Zip Code _____

E-mail Address: _____ Business Phone: _____

BILLING INFORMATION

Billing Contact Name: _____ Billing Phone: _____

Billing Address: _____
Include suite # _____ Street # and name _____ Suite / Unit # _____ City _____ State _____ Zip Code _____

OWNER INFORMATION

Owner's Name: _____

Owner's Address: _____
Include suite # _____ Street # and Name _____ Suite / Unit # _____ City _____ State _____ Zip Code _____

Owner's E-mail Address: _____

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 owner's name to appear on permit (the business owner's name or corporation name as it appears on the business license):

Applications **MUST INCLUDE** the following documents. Failure to supply this information will delay the approval of your application.

- Proposed menu (including seasonal, off-site and banquet menus)
- Equipment schedule with **hot water heater specifications**
- Site plan showing location of business in building or 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, room finishes, electrical services & mechanical ventilation
- Notarized** Verification of Residency Form with copy of the supporting secure and verifiable document attached

OPERATIONAL INFORMATION

Hours of Operation: Sun _____ Mon _____ Tue _____ Wed _____
Thu _____ Fri _____ Sat _____

Number of Seats: _____ Number of Staff (Maximum per Shift): _____ Total Square Feet of Facility: _____

Maximum Meals to be Served (approximate number): Breakfast _____ Lunch _____ Dinner _____

Projected Date of Project Start: _____ Projected Date of Project Completion: _____

Certified Food Safety Manager: _____

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 290-5-14.

Applicant Name: _____ Applicant Phone Number: _____

Applicant Address: _____
Include suite # Street # and name Suite / Unit # City State Zip Code

Applicant Signature: _____ Date: _____

Applicant Title: _____ Business Owner Authorized Agent

PERMITS ARE NOT TRANSFERABLE FROM OWNER-TO-OWNER OR PLACE-TO-PLACE

**You may obtain a copy of the Rules and Regulations for Food Service by visiting our website:
www.cobbanddouglaspublichealth.org.**

Return the completed application, with documentation, to the Center for Environmental Health:

Cobb County: 3830 South Cobb Dr, Suite 102, Smyrna, GA 30080 | (770) 435-7815
Douglas County: 8700 Hospital Dr, 1st Floor, Douglasville, GA 30124 | (770) 920-733

Applicable fees will apply.

FOOD PREPARATION REVIEW

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

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats, fillets)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry (roast beef; whole turkeys, 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 and toppings)	<input type="checkbox"/>	<input type="checkbox"/>
6. * Specialty food (i.e. sushi; curing; drying)	<input type="checkbox"/>	<input type="checkbox"/>
7. 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 290-5-14-.02 (5) page 24 and Rule 290-5-14-.04 (6) (j) page 70 and 71 of Chapter.)

PLEASE 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
Frozen foods	_____	_____
Refrigerated foods	_____	_____
Dry goods	_____	_____
3. Provide information on the amount of space (in cubic feet) allocated for:

Dish drying	_____
Dry storage	_____
Refrigerated storage	_____
Frozen storage	_____

B. 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? **Ensure that thermometers are provided in all refrigeration units.** Yes No
2. Is a bulk ice machine available? Yes No

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	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F (21° C)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>

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

D. COOKING

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.)

E. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume or Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. REHEATING

1. How will PHFs 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?

G. 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 within the menu? 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. 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

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

Please briefly describe the policy: _____

7. Describe methods used to train employees in good food sanitation practices. _____

The undersigned hereby acknowledges that the **FOOD PREPARATION REVIEW** was completed to accurately reflect the facility's operation.

Signature: _____

Date: _____

Print Name: _____

Business Owner

Authorized Agent

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	_____	_____	_____	_____
Ware washing 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances planned to be left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all operable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of electrocution device(s) identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all pipes and electrical conduit chases planned to 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 or other harborage locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will air curtains be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, where? _____			

C. GARBAGE AND REFUSE

	YES	NO	N/A
Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will refuse be stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, 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"/>
Outside			
11. Will a dumpster be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number _____ Size _____ Frequency of pickup? _____			
12. Will a compactor be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number _____ Size _____ Frequency of pickup? _____			
13. Will garbage cans be stored outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there an area to store returnable damaged goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Describe surface and location where dumpster / compactor / garbage cans are to be stored. _____			

16. Describe location of grease storage container. _____			

D. PLUMBING CONNECTIONS

YES NO N/A

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

E. WATER SUPPLY

19. Is water supply Public or Private? Public Private
20. If Private, has source been approved? Yes No Pending **Please attach a copy of written approval and / or permit.**
21. 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: _____
22. What is the make, model and storage capacity of the hot water generator (hot water heater)?
 Make _____ Model _____ Storage Capacity _____
 What is the BTU or KW of the hot water heater? _____
23. Is there a water treatment device? Yes No
 If Yes, how will the device be inspected and serviced? _____

24. How is potable water system protected from contamination?
Are back flow prevention devices provided at the following?

YES NO N/A

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Mop sink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical dispensers connected to water supply | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Urinal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishwashers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Steam tables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are air gaps installed at the following? | | | |
| Dish machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-compartment sinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-compartment sinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparation sinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. SEWAGE DISPOSAL

25. Is building connected to a municipal sewer? Yes No
26. If No, is private disposal system approved? Yes No **Please attach a copy of written approval and / or permit.**

G. DRESSING ROOMS

27. Are dressing rooms provided? Yes No
28. Describe storage facilities for employees' personal belongings (e.g. purse, coats, boots, umbrellas, etc.) _____

H. GENERAL

YES NO N/A

29. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents? YES NO N/A
 Describe location: _____
30. How are all toxics for use on the premises (this includes personal medications) stored away from food preparation and storage areas?

31. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? Yes No

32. Will linens be laundered onsite? Yes No

If Yes, what will be laundered and where? _____

I. SINKS

33. Is mop sink provided? Yes No

If Yes, where is it located? _____

34. If the menu dictates, is a meat preparation sink provided separate from a dedicated raw fruit and vegetable sink? Yes No

J. DISHWASHING FACILITIES

35. Which of the following sinks will be used for ware washing? **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

36. 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

37. Do all dish machines have templates with operating instructions? Yes No

38. Do all dish machines have required temperature / pressure gauges that are properly functioning? Yes No

39. 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? _____

40. Are there drain boards on both ends of the pot sink? Yes No Is there enough space for air drying? Yes No

41. What type of sanitizer is used? Chlorine Hot water Iodine Quaternary ammonia

Other: _____

42. Are test papers / strips and / or kits available for checking sanitizer concentration? Yes No

K. HANDWASHING / TOILET FACILITIES

YES NO

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

44. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet for hot / cold water? YES NO

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

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

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

48. Are covered waste receptacles available in each restroom used by females? YES NO

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

50. Are all toilet room doors self-closing? YES NO

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 290-5-14.

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

Signature: _____ Date: _____

Print Name: _____ Business Owner Authorized Agent Contractor

Return the completed application, with documentation, to the Center for Environmental Health:

Cobb County: 3830 South Cobb Dr, Suite 102, Smyrna, GA 30080 | (770) 435-7815

Douglas County: 8700 Hospital Dr, 1st Floor, Douglasville, GA 30124 | (770) 920-733

Applicable fees will apply.