Georgia Department of Human Resources

APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT

Complete in duplicate and forward the original to the **County Health Department** in which facility is located

Name of Food Service Establishment:

Check Appropriate Block: ☐ Restaurant * ☐ Mobile Food Unit ☐ Temporary Food Service
☐ Restricted Food Service ☐ Bar/Lounge ☐ Other:

Location of Establishment:

Street: City: County: State: Zip Code:

Business Owner's Name:

Business Owner's Address: Telephone: ( ) -

Street: City: County: State: Zip Code:

Authorized Agent **

Authorized Agent's Address: Telephone: ( ) -

Street: City: County: State: Zip Code:

If permit is for Temporary or Restricted Food Service Operation, give

DATE OF OPERATION TO BEGIN_____, 20_____. DATE OF OPERATION TO CLOSE_____, 20_____.

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 he has received a copy of the Rules for Food Service, Chapter 290-5-14, Georgia Department of Human Resources.

Signed State whether Business Owner or Authorized Agent Date

**When Alcoholic beverages are to be served in a restaurant, please indicate by checking the Bar/Lounge Block.*
*** (Authorized Agent means the person to whom the Business Owner has delegated authority for the overall management of the Food Service Establishment.)*