



Georgia Department of Human Resources
PERMIT APPLICATION
FOOD SERVICE ESTABLISHMENTS
AND MOBILE FOOD SERVICE OPERATIONS

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

Name of Facility: _____

Check Appropriate Block(s): Mobile food Service Food Service Establishment Catering Operation
New Change of Owner Renovation of Existing
Plans Equipment List Menu

Supporting Documentation: Plan Review Checklist Food Preparation Review Construction Review

Food Service Risk Categorization: Risk Type I Risk Type II Risk Type III/HAACP Plan

Address of Facility: _____ Ga.
(Street, Highway, or RFD) (City) (County) (Zip Code)

Physical Location of Mobile Unit(s) if Applicable: _____
(Counties in which mobile units will operate)

Facility Owner's Name: _____ Phone Number: _____

Facility Owner's Address: _____
(Street, Highway, or RFD) (City) (County) (State) (Zip Code)

Business Ownership: _____ Phone (_____) _____
(Individual, Association, Partnership, Corporation or legal Entity)

If Association, Partnership, Corporation or Legal Entity, give names, title, address and phone number of persons involved, including owners and officers. Otherwise indicate N/A

Name _____ Address _____ City _____ Phone _____

(USE ADDITIONAL PAPER IF NEEDED)

OPERATIONAL INFORMATION

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

<u>CATEGORY</u> *	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
3. Cold processed foods (salads, sandwiches, vegetables)	()	()
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
5. Bakery goods (pies, custards, cream fillings & toppings)	()	()
6. Other _____ _____		

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

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

2. What are the projected frequencies of deliveries for:

Frozen foods	_____
Refrigerated foods	_____
Dry goods	_____

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? _____

COLD STORAGE:

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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?

3. Does each refrigerator/freezer have a thermometer? YES / NO

Number of refrigeration units: _____

Number of freezer units: _____

4. Is there a bulk ice machine available? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) 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(21 ° C)		
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.

COOKING:

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1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES / NO

What type of temperature measuring device: _____

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 PHF's -----	165 ° F (15 sec)

2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 140 ° F (60 ° C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's 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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COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41 ° F (5 ° C) within 6 hours (140 ° F to 70 ° F in 2 hours and 70 ° F to 41 ° F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. How will PHF's 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 food to 165 ° F for hot holding be done rapidly and within 2 hours?

2. Will food employees be trained in good food sanitation practices? YES / NO

Method of training:

Number(s) of employees: _____

Dates of completion: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

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4. 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: _____

Will employees have paid sick leave? YES / NO

5. 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

6. 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?

7. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location used for washing produce? YES / NO

Describe _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41 ° F - 140 ° F) during preparation.

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9. Providing 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.

10. 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? _____

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: _____ **Date** _____

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 WITHOUT FIRST OBTAINING A VALID FOOD SERVICE PERMIT FROM THE LOCAL HEALTH AUTHORITY.

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A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. INSECT AND RODENT CONTROL

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APPLICANT: Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?	()	()	()
2. Are screen doors provided on all entrances left open to the outside?	()	()	()
3. Do all openable windows have a minimum #16 mesh screening?	()	()	()
4. Is the placement of electrocution devices identified on the plan?	()	()	()
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	()	()	()
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	()	()	()
7. Will air curtains be used? If yes, where? _____	()	()	()

C. GARBAGE AND REFUSE

Inside

8. Do all containers have lids?	()	()	()
9. Will refuse be stored inside? If so, where? _____ _____	()	()	()
10. Is there an area designated for garbage can or floor mat cleaning?	()	()	()

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	YES	NO	NA
<u>Outside</u>			
11. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____	()	()	()
12. Will a compactor be used? Number _____ Size _____ Frequency of pick up _____	()	()	()
13. Contractor _____			
13. Will garbage cans be stored outside?	()	()	()
14. Describe surface and location where dumpster/compactor/garbage cans are to be stored			
<hr/>			
15. Describe location of grease storage receptacle			
<hr/>			
<hr/>			
16. Is there an area to store recycled containers? Describe _____	()	()	()
<hr/>			
Indicate what materials are required to be recycled;			
<input type="checkbox"/> Glass <input type="checkbox"/> Metal <input type="checkbox"/> Paper <input type="checkbox"/> Cardboard <input type="checkbox"/> Plastic			
17. Is there any area to store returnable damaged goods?	()	()	()

D. PLUMBING CONNECTIONS

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	AIR GAP	AIR BREAK	*INTEGRAL 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 b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment 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 _____						

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* **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 waste water 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.

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

E. WATER SUPPLY

33. Is water supply public () or private () ?

34. If private, has source been approved? YES () NO () PENDING ()
Please attach copy of written approval and/or permit.

35. Is ice made on premises () or purchased commercially () ?

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

Describe provision for ice scoop Storage: _____

Provide location of ice maker or bagging operation _____

36. What is the capacity of the hot water generator? _____

37. Is the hot water generator sufficient for the needs of the establishment?

Provide calculations for necessary hot water.

38. Is there a water treatment device? YES () NO ()

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

39. How are backflow prevention devices inspected & serviced? _____

F. SEWAGE DISPOSAL

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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 _____

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.)

H. GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES () NO ()
Indicate location: _____

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: _____

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: _____

53. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTI ON DEVICES	SQUARE FEET	FIRE PROTECTIO N	AIR CAPACITY CFM	AIR MAKEUP CFM

54. How is each listed ventilation hood system cleaned? _____

I. SINKS

55. Is a mop sink present? YES () NO ()

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

56. If the menu dictates, is a food preparation sink present? YES () NO ()

J. DISHWASHING FACILITIES

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57. Will sinks or a dishwasher be used for warewashing?

- Dishwasher ()
- Two compartment sink ()
- Three compartment sink ()

58. Dishwasher

Type of sanitization used:

- 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 ()

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?

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

63. What type of sanitizer is used?

- Chlorine ()
- Iodine ()
- Quaternary ammonium ()
- Hot water ()
- Other ()

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

K. HOT WATER GENERATING EQUIPMENT

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65. For information on sizing water heating equipment see attachment "A"

L. HANDWASHING/TOILET FACILITIES

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

67. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?

YES () NO ()

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

69. Is hand cleanser available at all hand washing sinks? YES () NO ()

70. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing 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 ()

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 Regulation 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.

Signature(s) _____

Owner or responsible representative

Date: _____

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Table T10-1A

PEAK HOURLY ESTABLISHMENT HOT WATER DEMAND

<u>Equipment Type Gallons Per Hour</u>	<u>Quantity</u>	<u>Gallons/hour/day</u>	<u>Totals</u>
Vegetable sink	_____ X	15	= _____
Single food prep sink	_____ X	20	= _____
Double food prep sink	_____ X	40	= _____
3 - Compartment Pot sink	_____ X	60	= _____
4-Compartment Pot Sink	_____ X	80	= _____
Pre-rinse for dishes-shower head type	_____ X	45	= _____
Bar sink three-compartment	_____ X	20	= _____
Bar sink four-compartment	_____ X	25	= _____
Chemical sanitizing glass washer	_____ X	60	= _____
Lavatory	_____ X	5	= _____
Cook sink	_____ X	10	= _____
Hot water filling faucet	_____ X	15	= _____
Bain Marie	_____ X	10	= _____
Coffee urn	_____ X	5	= _____
Kettle stand	_____ X	5	= _____
Garbage can washer	_____ X	50	= _____
Janitor's sink	_____ X	15	= _____
Utility or Curbed cleaning facility	_____ X	20	= _____
Nine and twelve pound clothes washer	_____ X	45	= _____
Sixteen pound clothes washer	_____ X	60	= _____
**(Clothes washers – See Note #2)			
Employee shower	_____ X	20	= _____
**Warewashing machine (See note #1)	_____ X	_____	= _____
**Hose Reels (See note #3)	_____ X	_____	= _____
Other Equipment (See note #4)	_____ X	_____	= _____
Peak Hourly Hot Water Demand =			(_____)