Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523

Phone: 706-839-0277 Email: habershameh@dph.ga.gov

Applications are taken in office: Monday – **Friday 8:00AM-4:00PM EST (Closed daily from 12:00PM- 1:00PM EST)**

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).

Habersham County Environmental Health Department
Food Service Application

Georgia Department of Public Health

OFFICE USE ONLY

Date _____ **Amount Paid $** _____ **DHD #** _____

Invoice # _____ **Auth #** _____ **Check #** _____ ☐ Cash ☐ Amex ☐ MC ☐ Visa ☐ Discover

FACILITY INFORMATION

Name of Establishment: _____

Establishment Address: _____
Include Suite / Unit # **Street # and Name** **Suite / Unit #** **City / Zip Code**

Email: _____ Business Phone #: _____

Reason for application:

☐ Update Contact Name / Telephone / Email Address ☐ Change of Billing / Owner Address ☐ Change of Food Service Name

Method of operation (check all appropriate boxes):

☐ Restaurant ☐ Catering ☐ Institutional ☐ Take Out ☐ Online ☐ Other _____

☐ Mobile Base

☐ Food Service / Wholesaler – **requires a Georgia Dept. of Agriculture permit in addition to food service permit**

☐ 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**

Food service risk category:

☐ 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 / HACCP Plan – requires an approved HACCP plan

OWNER INFORMATION

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 Name (if corporation, LLC, association, partnership): _____

Owner's Name: _____ Owner's Phone #: _____

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

Owner's Email: _____

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

_____

BILLING INFORMATION

Billing Company Name: _____

Billing Contact Name / Dept: _____ Billing Phone #: _____

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

Billing Contact Email: _____

OPERATIONAL INFORMATION

Please identify **Hours of Operation** for each day of the week:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Number of Seats: _____ Number of Employees: _____

☐ Smoke Free ☐ Designated Smoking Areas Only ☐ Smoking Allowed

Total Square Feet of Facility: _____ Number of Floors on which operations are conducted: _____

Approximate Number of Meals to be Served: Breakfast _____ Lunch _____ Dinner _____

Total number of Managers (have supervisory / management responsibility) who are certified in Food Safety: _____

Person who functions as the immediate supervisor of the management for the food service establishment such as zone, district or regional supervisor (if applicable):

Name: _____ Title: _____

Mailing Address: _____
Include Suite / Unit # **Street # and Name** **Suite / Unit** **City / State / Zip Code**

Phone #: _____ Email: _____

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 Habersham County Board of Health Rules and Regulations for Food Service, Chapter 511-6-1.

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Date _____

☐ Owner ☐ Authorized Agent ☐ Contractor ☐ Other _____

You may obtain a copy of the Rules and Regulations for Food Service by visiting our website: www.habershamga.com/environmental-health. Return the completed application to the Environmental Health Department. **Applicable fees will apply.**

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