Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523 Phone: 706-776-7659 Fax: 706-754-7127

Food Service Site Prior Evaluation Application

A	*Attach a copy of the current floor plan, your proposed floor plan, and menu.			
Applicant Contact Information				
Applicant / Owner Name:				
Mailing Address: Street: City:		Zip:		
Phone: Alternate Phone:				
Em	Email:			
Establishment Information				
Previous Name of Establishment:				Food Other:
):			1	
Proposed (New) Name of Establishment:				
Intended Use				
Well	Building Size	Ft. by	Ft.	
Water Supply (choose one): Public Well Building Size Ft. by Ft. Sewage Disposal (choose one): Public				
Septic		nber:		
Grease Trap Size: Previous Use:				
Specific Use- Attach site plan showing facility floor plan, proposed equipment, and intended menu				
Mark one: Recommend Use- Indicate desired facility location and menu- See inspector recommendations for best flow of food and design				
roposed Operation: □Bar/Lounge □Commissary □Full Service Restaurant □Mobile/Extended Un □High Risk Food Service □Pop-Up □Temporary Food Service □Restricted Food Ser □Other:				
Dat	Date Inspected:			
A preliminary site inspection is performed on the basis of information provided by the applicant, the current site conditions, and current regulations and policies. If the information, site conditions, regulations, and/or policies, change after the date inspected, these recommendations/comments will be invalidated. The comments provided are not considered an approval or guarantee of permit issuance.				
Recommendations:				
	Cit Alt En Establ Establ The Estable	City: Alternate Phone: Email: Establishment Information: Intended Use Well Building Size Septic Permit Num te plan showing facility floor processed facility location as an	City: Alternate Phone: Email: Establishment Information Intended Use Well Building Size Ft. by Septic Permit Number: Septic Permit Number: The plan showing facility floor plan, proposed equate desired facility location and menu- See instance. Commissary Full Service Restaurant Pop-Up Temporary Food Service Date Inspected: Sis of information provided by the applicant, the current site ations, and/or policies, change after the date inspected, the	City: Zip: Alternate Phone: Email: Establishment Information Previous use: Service Intended Use Well Building Size Ft. by Ft. Septic Permit Number: te plan showing facility floor plan, proposed equipment, and intended to the plan showing facility location and menu- See inspector recomment of the plan showing facility location and menu- See inspector recomment of the plan showing facility location and menu- See inspector recomment of the plan showing facility location and menu- See inspector recomment of the plan showing facility location and menu- See inspector recomment of the plan showing facility location and menu- See inspector recomment of the plan showing facility location and menu- See inspector recommend the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan showing facility floor plan, proposed equipment, and intended the plan showing facility floor plan show

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)