# Habersham County Environmental Health Department

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

## GENERAL INFORMATION FOR FOOD SERVICE APPLICATION

Applications are taken in office: Monday – Thursday between 8:00 AM - 4:00 PM and Friday 8:00AM -2:00 PM

**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 |
| Initial Permit Mobile (Base of Operation & 1 mobile unit) | $250.00 |
| Re-Inspection Fee | $150.00 |
| Site Prior Evaluation | $75.00 |
| Temporary Food Service Permit | $50.00 |
| Application & Annual Fees | |
| 0-25 seats | $200.00 |
| 26-50 seats | $225.00 |
| 51-100 seats | $250.00 |
| 100+ seats | $275.00 |
| Late Fee- Annual Inspection | Annual Fee x2 |
| Re-Inspection Fee | 150.00 |
| 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***
- ***U.S Birth Certificate/Amended Birth Certificate – Original or certified copy (Includes U.S territories and the District of Columbia); Must have a raised seal and be issued by Bureau of Vital Statistics or State Board of Health.***
- ***U.S. Passport or Passport Card.***
- ***Consular Report of Birth Abroad issued by U.S. Department of State (FS-240, FS-545 or DS-1350).***
- ***Certificate of Naturalization (N-550, N-570) - certified copy.***
- ***Certificate of Citizenship (N-560, N-561) - certified copy.***

☐ **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 706-776-7659 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).

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## Application for Food Service Permit

**Food Service Facility Type (please check one):** □ New Establishment □ Change of Ownership □ Existing Facility with Major Renovation □ Existing Facility with Minor Renovation

**Business Model (check all that apply):** ❑Restaurant ❑Mobile Food Unit ❑Bar/Lounge ❑Restricted Food Service ❑Take Out ❑Caterer ❑Sit Down Meals ❑Itinerant Vendor ❑Single Service Only ❑Cafeteria ❑Camp ❑Coffee Shop ❑Concession ❑School

❑Other: _____

**Facility Information:**

Proposed Facility Name: _____

County Map/Parcel ID: _____

Property Address: _____

_____

City/State _____ Zip: _____

Building Owner's Name: _____

Building Owner's Mailing Address: _____

_____

City/State: _____ Zip: _____

Phone #: _____ Mobile/Alt. #: _____

Email: _____

Person to call if an English-speaking employee is not present in establishment during an inspection:

_____

Name Phone#

Mobile/Alt.#: _____

Email: _____

**Business Owner Information (*please provide below*):**

Owner Name: _____

Owner Address: _____

_____

City/State: _____ Zip: _____

Phone#: _____ Mobile/Alt. #: _____

Email: _____

**Billing Information (*please provide below*):**

Mail annual billing statements to: ❑Establishment ❑ Business Owner ❑Authorized Agent

Authorized Agent: _____

Authorized Agent Address: _____

City/State: _____ Zip: _____

Phone#: _____

Mobile/Alt. #: _____

Email: _____

**YOU MUST ATTACH A COPY OF THE CURRENT FLOOR PLAN, YOUR PROPOSED FLOOR PLAN AND PROPSED MENU TO THIS APPLICATION**

**It is the responsibility of the applicant to verify with other State, County, and/or local municipalities (i.e. Business Licensing, Planning & Zoning, Building Inspection) to insure all regulations are met.**

**The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to the OCGA 26-2-371-373 et seq. and hereby attest 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 511-6-1 and hereby certifies that they have received a copy of the Rules for Food Service, Chapter 511-6-1, Georgia Department of Public Health.**

_____

Sign/Print Name Date

❑Business owner - or- ❑Authorized agent