

Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523

Phone: 706-839-0277 Email: habersham@hph.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).

NOTICE

THIS PERMIT APPLICATION PACKET IS COMPOSED OF THREE PARTS: ADMINISTRATIVE INFORMATION; OPERATIONAL INFORMATION; AND PLAN REVIEW INFORMATION.

ADMINISTRATIVE INFORMATION: THIS INFORMATION WILL BE USED TO ESTABLISH COMMUNICATION BETWEEN THE LOCAL HEALTH AUTHORITY AND THE PERMIT APPLICANT/PERMIT HOLDER. IT WILL ALSO BE USED TO ADMINISTER THE PERMITTING AND ESTABLISHMENT INSPECTION PROCESSES.

OPERATIONAL INFORMATION: THIS INFORMATION WILL BE USED TO ENABLE THE LOCAL HEALTH AUTHORITY TO BECOME FAMILIAR WITH THE QUESTIONS OF WHAT TYPES, WHEN, HOW MUCH, AND WHERE FOOD WILL BE PREPARED AND SERVED BY THE PROPOSED FOOD SERVICE ESTABLISHMENT.

PLAN REVIEW INFORMATION: IN ACCORDANCE WITH DPH CHAPTER 511-6-1-.02(4), THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY IN ITS REVIEW AND APPROVAL PROCESS OF SUBMITTED PLANS AND SPECIFICATIONS FOR PROPOSED NEW CONSTRUCTION, OR REMODELING AND CONVERSION OF EXISTING BUILDINGS FOR PROPOSED FOOD SERVICE ESTABLISHMENTS. ADDITIONALLY, THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY TO ACCESS THE LEVEL OF COMPLIANCE STATUS OF EXISTING FOOD SERVICE ESTABLISHMENTS DURING THE OCCURRENCE OF A CHANGE IN PERMIT HOLDER.

AS PER DPH CHAPTER 511-6-1-.02(1)(c), IN ORDER TO QUALIFY FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT, THE PERMIT APPLICANT MUST 1) BE AN OWNER OF THE PROPOSED FOOD SERVICE ESTABLISHMENT (OR AN OFFICER OF THE LEGAL OWNERSHIP), 2) AGREE TO ALLOW THE HEALTH AUTHORITY ACCESS TO THE FOOD SERVICE ESTABLISHMENT, 3) PROVIDE ALL REQUIRED INFORMATION REQUESTED BY THE HEALTH AUTHORITY AND PAY ALL APPLICABLE FEES; AND 4) PROVIDE EVIDENCE OF SATISFACTORY COMPLIANCE WITH THE PROVISIONS OF THE CHAPTER AND ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE LOCATION, CONSTRUCTION AND MAINTENANCE OF FOOD SERVICE ESTABLISHMENTS AND THE SAFETY OF PERSONS THEREIN.

AT THE HEALTH AUTHORITY'S INITIAL INSPECTION OF THE COMPLETED FOOD SERVICE ESTABLISHMENT, AND PRIOR TO THE ISSUANCE OF A PERMIT, THE APPLICANT MUST DEMONSTRATE SATISFACTORY COMPLIANCE WITH THE PROVISIONS OF DPH CHAPTER 511-6-1; AND PROVIDE WRITTEN DOCUMENTATION INDICATING SATISFACTORY COMPLIANCE WITH ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE FOOD ESTABLISHMENT'S LOCATION, CONSTRUCTION AND MAINTENANCE, AND THE SAFETY OF PERSONS THEREIN.

INSTRUCTIONS: COMPLETE THE FOLLOWING APPLICATION DOCUMENT IN DUPLICATE AND FORWARD THE ORIGINAL COMPLETED DOCUMENT TO THE LOCAL HEALTH AUTHORITY (COUNTY HEALTH DEPARTMENT), IN WHICH THE FOOD SERVICE ESTABLISHMENT OR MOBILE FOOD UNIT'S BASE OF OPERATION IS TO BE LOCATED. GO TO THE DEPARTMENT'S ENVIRONMENTAL HEALTH WEBPAGE AT:

<https://dph.georgia.gov/environmental-health> FOR COUNTY HEALTH DEPARTMENT CONTACT INFORMATION. YOU MAY OBTAIN A COPY OF THE RULES AND REGULATIONS FOR FOOD SERVICE BY VISITING OUR WEBSITE AT <http://dph.georgia.gov/food-rules-and-regulations>



GEORGIA DEPARTMENT OF PUBLIC HEALTH

Verification of Residency

I hereby swear, under oath, that I am: (*check one of the following*)

- ☐ Citizen of the United States;
☐ A legal permanent resident of the United States;
☐ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
Official Alien Number: _____

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):

- ☐ Driver's license
☐ Birth certificate
☐ US Passport
☐ US Permanent Residence or Alien Registration Receipt Card
☐ Certificate of Citizenship or Naturalization
☐ Other (please call our office at 404-657-6534 to verify document will be accepted)

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Name (printed):

Signature:

Notes:

This form must be notarized or it will not be accepted.

Subscribed and sworn before me
this ____ day of _____, 20____.

Notary Public
My commission expires _____.



Habersham County Environmental Health Department Food Service Application

OFFICE USE ONLY

Date _____ Amount Paid \$ _____ DHD # _____
Invoice # _____ Auth # _____ Check # _____ ☐ Cash ☐ 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 plan review (check all appropriate boxes):

- ☐ New Application ☐ Change of Food Service Name
☐ Change of Ownership: will there be any changes to the previous menu, equipment or facility structure? ☐ Yes ☐ No

Method of operation (check all appropriate boxes):

- ☐ Restaurant ☐ Catering ☐ Institutional ☐ Take Out ☐ Online ☐ Other _____
☐ Mobile Base – **requires a separate mobile food service application for each mobile unit**
☐ 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
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Name	Street # and Name	City / State / Zip Code	Phone
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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: _____

Projected Date for Project Start: _____ Projected Date for Project Completion: _____

Applications **MUST** include the following documents. **Failure to supply this information will delay the review process of your application.**

- ☐ Proposed Menu (including seasonal, off-site and banquet menus). Menu may be handwritten and does not require prices.
- ☐ **Notarized** Verification of Residency with copy of supporting photo ID
- ☐ **1 set of plans drawn to scale** of food establishment showing the location of each piece of equipment. **Size must be not less than 11 x 14.**
- ☐ Equipment List
- ☐ Manufacturer Specification sheets for each piece of equipment shown on the plan. **Hot water specifications must be included.**

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 **with all required documents** to the Environmental Health Department . **Applicable fees will apply.**

Habersham County Environmental Health
130 Jacob's Way STE 102, Clarkesville, GA 30523
Office: (706) 839-0277

Establishment Name: _____

Establishment Address: _____

Include suite / unit# _____ Street # and Name _____ Suite / Unit # _____ City / Zip Code _____

FOOD PREPARATION REVIEW

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

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	☐	☐
2. Thick meats, whole poultry (roast beef, whole turkeys, 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 and toppings)	☐	☐
6. Fruits / vegetables to be washed onsite (if YES, prep sink is required)	☐	☐
7. * Specialty food (i.e. acidification, sushi, curing, drying, reduced oxygen packaging)	☐	☐
8. Other: _____		

* 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. (See Rule 511-6-1-.02 (5), Rule 511-6-1-.04 (6) (j) and Rule 511-6-1.10(5)(a) and (5)(b).

PLEASE CHECK THE APPROPRIATE BOX / ANSWER THE FOLLOWING QUESTIONS

A. FOOD SUPPLIES

- Are all food supplies from inspected and approved sources? ☐ Yes ☐ No
- What are the projected frequencies of deliveries for:

	Day of Week	AM / PM	KEY DROP DELIVERY
Frozen foods	_____	_____	☐ Yes ☐ No
Refrigerated foods	_____	_____	☐ Yes ☐ No
Dry goods	_____	_____	☐ Yes ☐ No
- Provide information on the amount of space (in cubic feet) allocated for:
Dish Drying _____ Dry Storage _____ Refrigerated Storage _____ Frozen Storage _____
- Will foods be transported after preparation (delivery or catering)? ☐ Yes ☐ No
Please describe equipment used to transport hot / cold foods and provide spec sheets:

- Please describe delivery radius (in time / distance traveled): ☐ N/A

B. COLD STORAGE

- Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 4° F (5 ° C) and below? ☐ Yes ☐ No **Ensure that thermometers are provided in all refrigeration units**
- 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?

B. COLD STORAGE continued

3. Does each refrigerator / freezer have a thermometer in the warmest part of the unit? ☐ Yes ☐ No

Number of refrigeration units: _____ Number of freezer units: _____

4. Is there a bulk ice machine available? ☐ Yes ☐ No

Describe the cleaning schedule for the bulk ice machine:

C. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHFs) 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: thick = more than one inch, thin = approximately one inch or less**

D. COOKING

What type of temperature measuring device will be used to measure final cooking / reheating temperatures of potentially hazardous foods (PHF)? PHF is a food that requires time / temperature control for safety (TCS) to limit disease causing microorganism growth or toxin formation.)

1. _____

2. Will meat, poultry, eggs or fish be offered raw or undercooked on the menu? ☐ Yes ☐ No

If yes, which items? _____

Is there a consumer advisory? ☐ Yes ☐ No

3. List types of cooking equipment:
-
-

E. HOT / COLD HOLDING

How will hot PHF food be maintained at 135°F (57° C) or above during holding for service? Indicate type and number of hot holding units.

1. _____
-
-

How will cold PHF food be maintained at 41°F (5° C) or below during holding for service? Indicate type and number of cold holding units.

2. _____
-
-

F. COOLING

Please indicate by checking the appropriate boxes how and where PHFs will be cooled to 41° F (5° C) within 6 hours (135° F to 70° F in 2 hours; then, 70° F to 41° F for a total cool time of 6 hours).

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): _____

G. REHEATING FOR HOLDING

How will PHF foods 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?

1. _____

2. How will reheating cooked and cooled food to 165° F for at least 15 seconds for hot holding occur rapidly and within 2 hours?

H. SAFE PRACTICES

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

1. _____
If No, how will ready-to-eat foods be cooled to 41° F? _____

2. Are raw fruits and vegetables included on the menu or as ingredients in dishes? ☐ Yes ☐ No
If Yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation? ☐ Yes ☐ No

Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41° F - 135°F) during preparation.
3. _____

4. 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?

5. Are there any other locations besides the main kitchen area in which food is planned to be held or stored prior to being served?

Which of the following will be used to prevent handling of ready-to-eat foods? **Please check all that apply**

6. ☐ Disposable gloves ☐ Utensils ☐ Food grade paper
7. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and / or lesions? ☐ Yes ☐ No
Briefly describe the policy or attach a copy: _____

H. SAFE PRACTICES continued

8. Please indicate how and when employees will be trained on employee health policy, food safety and allergens. Include the method of training and the tracking mechanism.

The undersigned hereby acknowledges that the **FOOD PREPARATION REVIEW** was completed to accurately reflect the food service operation.

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Date: _____

☐ Owner ☐ Authorized Agent ☐ Contractor ☐ Other _____

I. EMERGENCY ACTION PLAN

If at any time your operation experiences an electrical or water interruption, do you have an Emergency Operations Plan (EOP)?
YES ☐ NO ☐

If your answer is YES, please ATTACH plan to this application along with all other documents requested. If your answer is NO, please READ AND SIGN the acknowledgment below. *Note: Information provided in this blank is for informational purposes ONLY. Providing an alternative to an EOP is not an approval for such activity from Georgia Department of Public Health. It is recommended to discuss any alternatives with your local EHS for verification of whether your operation is compliant with Chapter 511-6-1.

Acknowledgment to Cease Food Service Operations

As a condition of applying for and maintaining a food service permit, I acknowledge that the establishment shall immediately discontinue all food preparation, service, sale, warewashing, and related operations whenever an imminent health hazard exists. Such conditions include, but are not limited to, a fire or fire-related hazard, sewage malfunction or improper sewage discharge, an interruption of potable water or electrical service lasting two (2) hours or more, or any other condition that may endanger public health or safety. The Health Authority shall be notified promptly of the emergency.

Food service operations shall remain discontinued until the hazard has been corrected and the establishment is authorized to resume operations by the Health Authority. Operations may continue during an emergency only when conducted under emergency guidance issued by the Health Authority or under an emergency operations plan reviewed and approved before the emergency occurred. By signing below, I certify that I understand and accept these responsibilities and agree to comply with Georgia Department of Public Health Rule 511-6-1-.03(2)(p).

Applicant Full Legal Name: _____

Applicant Signature: _____

Establishment Name: _____

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

CONSTRUCTION AND FACILITIES REVIEW

A. FINISH SCHEDULE

Applicant must indicate which approved materials will be used in the areas shown in the chart below. **Examples of approved materials:** quarry tile (QT); stainless steel (SS); vinyl comp. tile (VCT); sealed concrete (SC); fiberglass reinforced panel (FRP).

	FLOOR	COVE BASE	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

	YES	NO	N/A
1. Are all outside doors self-closing and rodent proof?	☐	☐	☐
2. Are screen doors provided on all entrances planned to be left open to the outside?	☐	☐	☐
3. Do all operable windows have a minimum #16 mesh screening?	☐	☐	☐
4. Is the placement of electrical device(s) identified on the plan?	☐	☐	☐
5. Are all pipes and electrical conduit chases planned to be sealed; ventilation systems exhaust and intakes protected?	☐	☐	☐
6. Is area around building clear of unnecessary brush, litter, boxes or other harborage locations?	☐	☐	☐
7. Are movable walls, doors or windows planned to be opened to the outdoors?	☐	☐	☐
8. Will air curtains be used?	☐	☐	☐

If Yes, where? _____

C. GARBAGE AND REFUSE

	YES	NO	N/A
Inside			
1. Do all containers have lids?	☐	☐	☐
2. Will refuse be stored inside?	☐	☐	☐

If Yes, where? _____

3. Is there an area designated for garbage can or floor mat cleaning?	☐	☐	☐
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Outside

4. Will a dumpster be used?	☐	☐	☐
-----------------------------	--------------------------	--------------------------	--------------------------

Number _____ Size _____ Frequency of pickup? _____

5. Will a compactor be used?	☐	☐	☐
------------------------------	--------------------------	--------------------------	--------------------------

Number _____ Size _____ Frequency of pickup? _____

C. <u>GARBAGE AND REFUSE continued</u>	YES	NO	N/A
6. Will garbage cans be stored outside?	☐	☐	☐
7. Is there an area to store returnable damaged goods?	☐	☐	☐
8. Describe surface and location where dumpster / compactor / garbage cans are to be stored.			

9. Describe location of grease storage container. _____

D. <u>PLUMBING CONNECTIONS</u>	YES	NO	N/A
1. Are floor drains provided and easily cleanable?	☐	☐	☐
If Yes, indicate location: _____			
2. Has grease trap been approved by Water Department? Documentation approval is required.	☐	☐	☐

E. WATER SUPPLY

1. Is water supply Public or Private? ☐ Public ☐ Private
 If Private, has source been approved? ☐ Yes ☐ No ☐ Pending **Please attach a copy of written approval and / or permit**
2. Is ice made on premises or purchased commercially? ☐ Made on Premises ☐ Purchased Commercially
 If Made on Premises, are specifications for the ice machine provided? ☐ Yes ☐ No
 Describe location and method for ice scoop storage: _____
3. Type of hot water heater (hot water generator): ☐ Tank ☐ Tankless
 Make, model, storage capacity and BTU / KW of the **tank** hot water heater:
 Make _____ Model _____ Storage Capacity _____
 What is the BTU or KW of the **tank** hot water heater? _____
 Make, model and gallons per minute (GPM) of the **tankless** hot water heater:
 Make _____ Model _____ GPM _____
4. Is there a water treatment device? ☐ Yes ☐ No
 If Yes, how will the device be inspected and serviced? _____

5. How is potable water system protected from contamination? Are back flow prevention devices provided at the following?	YES	NO	N/A
Mop sink	☐	☐	☐
Chemical dispensers connected to water supply	☐	☐	☐
Urinal	☐	☐	☐
Toilet	☐	☐	☐
Dishwashers	☐	☐	☐
Ice machine	☐	☐	☐
Steam tables	☐	☐	☐
Hose connection	☐	☐	☐
Beverage dispenser with carbonator	☐	☐	☐
Are air gaps installed at the following?			
Dish machine	☐	☐	☐
3-compartment sinks	☐	☐	☐
4-compartment sinks	☐	☐	☐
Food preparation sinks	☐	☐	☐
Ice machine	☐	☐	☐
Dipper wells	☐	☐	☐

F. SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? ☐ Yes ☐ No
If No, is private disposal system approved? ☐ Yes ☐ No ☐ Pending **Please attach a copy of written approval and / or permit**
2. Are grease traps provided? ☐ Yes ☐ No

If Yes, where: _____

Provide schedule for cleaning and maintenance: _____

G. DRESSING ROOMS

1. Are dressing rooms provided? ☐ Yes ☐ No
2. Describe storage facilities for employees' personal belongings (e.g. purse, coats, boots, umbrellas, etc.):

H. GENERAL

1. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents? ☐ Yes ☐ No ☐ N/A

Describe location: _____

2. How are all toxics for use on the premises (including personal medications) stored away from food preparation and storage areas?

3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? ☐ Yes ☐ No
4. Will linens be laundered onsite? ☐ Yes ☐ No

If Yes, what will be laundered and where? _____

If No, how will linens be cleaned? _____

I. SINKS

1. Is a mop sink provided? ☐ Yes ☐ No

If Yes, where is it located? _____

2. If the menu dictates, is a meat preparation sink provided separate from a dedicated raw fruit and vegetable sink? ☐ Yes ☐ No

J. DISHWASHING FACILITIES

1. Which of the following sinks will be used for warewashing? **Please check all that apply**

☐ Dishwasher ☐ Two compartment sink ☐ Three compartment sink

Is a pre-flush unit used? ☐ Yes ☐ No

If Yes, what type? ☐ Hand operated ☐ Closed ☐ Re-circulating

2. Type of dishwasher sanitization used:

Dishwasher manufacturer: _____ Model Number: _____

Booster heater (if high temp sanitizing) manufacturer: _____ Model Number: _____

Chemical type (if low temp sanitizing): _____

Is ventilation provided? ☐ Yes ☐ No

3. Do all dish machines have templates with operating instructions? ☐ Yes ☐ No

J. DISHWASHING FACILITIES continued

4. Do all dish machines have required temperature / pressure gauges that are properly functioning? ☐ Yes ☐ No
5. 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? _____

6. Are there drain boards on both ends of the pot sink? ☐ Yes ☐ No Is there enough space for air drying? ☐ Yes ☐ No
- What type of sanitizer is used? ☐ Chlorine ☐ Hot water ☐ Iodine ☐ Quaternary ammonia

Other: _____

7. Are test papers / strips and / or kits available for checking sanitizer concentration? ☐ Yes ☐ No

K. HANDWASHING / TOILET FACILITIES

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Is there a hand washing sink in each food preparation and warewashing area? | ☐ | ☐ |
| Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet for hot / cold water? | ☐ | ☐ |
| Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? | ☐ | ☐ |
| 4. Is hand soap available at all hand washing sinks? | ☐ | ☐ |
| 5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? | ☐ | ☐ |
| 6. Are covered waste receptacles available in each restroom used by females? | ☐ | ☐ |
| 7. Is hot and cold running water under pressure available at each hand washing sink? | ☐ | ☐ |
| 8. Are all toilet room doors self-closing? | ☐ | ☐ |

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

A food service permit from the local health authority must be secured before this establishment can operate as a food service establishment.

Applicant Name: _____ Applicant Phone #: _____

Applicant Signature: _____ Date: _____

☐ Owner ☐ Authorized Agent ☐ Contractor ☐ Other _____

Return the completed application **with all required documents** to the Environmental Health Department. **Applicable fees will apply.**

Habersham County Environmental Health
130 Jacob's Way, STE 102, Clarkesville, GA 30523
Office: (706) 839-0277
Email: habersham@dhph.ga.gov

DO NOT WRITE BELOW THIS LINE – HEALTH DEPARTMENT USE ONLY

Applicable Fees Paid? ____ YES ____ NO If NO, explain: _____

THE FOLLOWING DOCUMENTS ARE ENCLOSED:

- | | |
|--|---|
| ☐ Business Plan Attached | ☐ Equipment List Attached |
| ☐ Plans Attached | ☐ Menu Attached |
| ☐ Equipment Schedule | ☐ Food Preparation Review |
| ☐ Plan Review Checklist | ☐ Water Supply Public/Approved |
| ☐ Construction Review | ☐ Wastewater/Septic System |
| ☐ Vomitus/Diarrheal Clean-up Plan | ☐ Notarized Verification of Residency
For Public Benefits Application |

WHEN APPLICABLE:

- ☐ Procedures for allowing dogs on the patio
- ☐ Variance/HACCP plan/procedures
- ☐ Emergency Operations Plan
- ☐ Mobile Unit Application(s)

FOOD SERVICE RISK CATEGORIZATION:

- ☐ 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/HAACP Plan - requires an approved HACCP plan
-