

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).



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 _____.

PERMIT APPLICATION FOR EXTENDED UNIT

ADMINISTRATIVE INFORMATION *(Please complete a separate application form for each unit/kiosk that operates from the same Base of Operation.)*

1. Please indicate whether this is a New Application or a Change of Ownership:

☐ New Application ☐ Change of Ownership

2. Name of Kiosk/Unit: _____

3. Kiosk/Unit Location: _____

4. Name of Base of Operation: _____

5. Base of Operation Owner: _____

6. Base of Operation Permit #: _____

7. Base of Operation Mailing Address: _____

8. Billing Contact Name: _____ Phone #: _____

9. Billing Address: _____

10. Billing Contact E-mail: _____

11. Business Ownership Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Association ☐ LLC ☐ Other

If Other please explain: _____

If Association, Partnership, Corporation, LLC or Other, provide name, title, address and phone number of persons involved, including owners and officers.

Name	Title	Address	Phone
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Name	Title	Address	Phone
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District 2 Public Health

PERMIT APPLICATION FOR EXTENDED UNIT

UNIT/KIOSK OPERATIONAL INFORMATION

1. Please answer the following based on operations performed on your kiosk/unit location (check all that apply):

- ☐ Kiosk/Unit only serves packaged food that has been prepared at the permitted Base of Operation
- ☐ Kiosk/Unit does not cook any raw animal foods; only reheats commercially precooked ingredients
- ☐ Kiosk/Unit cooks raw animal foods
- ☐ Kiosk/Unit serves raw or undercooked animal foods in a ready to eat form (steaks/burgers, sashimi, ceviche, eggs, etc.)
- ☐ Other _____

2. Will any food be chopped, sliced, diced, or cooled on the kiosk/unit? ☐ Yes ☐ No
If YES, please describe where and how this will happen on the kiosk/unit:

3. Sinks in/on kiosk/unit:

- a. Will each sink be supplied with hot and cold running water under pressure? ☐ Yes ☐ No
- b. Number of handwashing sinks: _____ Dimensions: _____
- c. Number of three-compartment sinks: _____ Dimensions: _____
- d. Number of vegetable prep sinks: _____ Dimensions: _____
- e. Number of meat prep sinks: _____ Dimensions: _____

4. Water Pump for kiosk/unit only (if applicable):

Make: _____ Model: _____ GPM: _____

5. Water Heater (select type):

- ☐ Tank type: Make: _____ Model: _____ Capacity: _____ BTU or KW _____
- ☐ On-demand / Instantaneous: Flow Rate in GPM: _____

6. Freshwater Tank for kiosk/unit (if applicable):

- a. Capacity/Volume: _____
- b. Is the inner diameter of the water tank inlet three-fourths inch (19.1 mm) or less? ☐ Yes ☐ No
- c. Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service? ☐ Yes ☐ No

PERMIT APPLICATION FOR EXTENDED UNIT

UNIT/KIOSK OPERATIONAL INFORMATION Cont'd

7. Wastewater Tank for kiosk or unit (if applicable):
- a. Capacity/Volume (must be 15% larger than freshwater tank): _____
 - b. Is the wastewater tank sloped to a drain with an inner diameter that is at least 1 inch (25 mm)? ☐ Yes ☐ No
 - c. Is the drain equipped with a shut-off valve? ☐ Yes ☐ No
8. Please describe the method for removing the wastewater, and flushing and draining the waste retention tank at the Base of Operation (for kiosk or unit): _____

9. Power Supply for kiosk or unit (select all that apply):
- ☐ Generator:
Make: _____ Model: _____ Fueltype: _____ Watts: _____
 - ☐ Electrical (power cord or existing electrical wiring at vending location)
 - ☐ Propane
 - ☐ Battery
10. How will Time/Temperature Control for Safety (TCS) foods be maintained at proper temperature while foods are being transported to the unit/kiosk? _____

11. How will Time/Temperature Control for Safety (TCS) foods be protected from contamination sources while being transported to the unit/kiosk? _____

12. Thermostatic Temperature Control of Food:
- a. Number of refrigeration units (thermometer required in warmest part of unit): _____
 - b. Number of freezer units (thermometer required in warmest part of unit): _____
 - c. Number and type of hot holding units (e.g., steamtables, heat lamps, etc.): _____
13. Please indicate the types and number of equipment used for cooking or reheating TCS foods on the unit/kiosk (check all that apply):
- ☐ Inside Grills: _____ ☐ Outside Grills (requires permanent overhead protection): _____
 - ☐ Smokers: _____ ☐ Stoves: _____ ☐ Ovens: _____ ☐ Fryers: _____
 - ☐ Other (explain): _____

PERMIT APPLICATION FOR EXTENDED UNIT

DESIGN, CONSTRUCTION & MATERIALS

1. Please indicate the type of materials used (e.g., FRP, laminate, stainless steel, tile, etc.) in/on the kiosk/unit:

a. Floor: _____

b. Walls: _____

c. Ceiling (if applicable): _____

REQUIRED DOCUMENTATION (Please enclose the following information with the application):

☐ Menu

☐ Detailed drawing (as close to-scale as possible) with all equipment clearly labeled

☐ Manufacturer's specification sheets for all equipment (cooking, cold holding, hot holding, freshwater & wastewater tanks, generator, etc.)

☐ Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached

☐ Proof of compliance with all other applicable agencies (e.g. zoning, fire, etc.)

I attest that the information provided within this document is true and accurate. I agree to comply with the State of Georgia Rules and Regulations for Food Service Chapter 511-6-1. I understand that only the foods listed on the menu submitted with the Base of Operation plans may be prepared and served at this kiosk/unit/kitchen.

Name of Owner or Authorized Agent Title _____

Signature

Date

FOR HEALTH DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____
Printed Name Title Signature

DATE APPROVED: _____

EXTENDED FOOD UNIT PERMIT #: _____