

# RETAIL FOOD ESTABLISHMENT BUSINESS PLAN OVERVIEW

## Section 1: Business Information

Owner's Last Name \_\_\_\_\_ Owner's First Name \_\_\_\_\_ Owner's Middle Initial \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physical Address of Firm \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Is there a food service component associated with this business?

YES\*

NO

\*IF YES, please describe operation.

Operation Description \_\_\_\_\_

## Section 2: Type of Operation Information (select one category)

- This business will operate as a basic convenience store with a self-service beverage component. This business will NOT have a food service component.
- This business will operate as a convenience store with a food service component. (Food preparation and/or seating)
- This business will operate as a basic convenience store with prepackaged foods only.
- This business will operate as a basic convenience store with prepackaged foods only. (No open foods or any type of beverage service)
- This business will operate as a retail grocery store that shall include (check all that apply)
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Grocery Sales | <input type="checkbox"/> Produce Sales | <input type="checkbox"/> Meat Market             |
| <input type="checkbox"/> Bakery        | <input type="checkbox"/> Food Service  | <input type="checkbox"/> Seafood Market :        |
|  |  | <input type="checkbox"/> Other (describe): _____ |
- Other \_\_\_\_\_

## Section 3: Type of Food Handling/Processes (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hot Holding            | <input type="checkbox"/> Cold Holding              | <input type="checkbox"/> Cooking                          |
| <input type="checkbox"/> Reheating              | <input type="checkbox"/> Cooling                   | <input type="checkbox"/> Sit Down Eating Area             |
| <input type="checkbox"/> Menu                   | <input type="checkbox"/> Baked Goods/Retail Bakery | <input type="checkbox"/> Reduced Oxygen Packaging (HACCP) |
| <input type="checkbox"/> Sushi (HACCP)          | <input type="checkbox"/> Smoked Meat (HACCP)       | <input type="checkbox"/> Fruit/Vegetable Juice (HACCP)    |
| <input type="checkbox"/> Acid Food Processing   | <input type="checkbox"/> Acidified Food Processing | <input type="checkbox"/> Low-acid Food Processing         |
| <input type="checkbox"/> Wholesale/Distribution | <input type="checkbox"/> Other (describe)          |   |

## Section 4: Describe Your Business Model

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 5: Change of Operation Notification

By signing this form, I attest that the information contained therein is accurate for my intended operations. I understand that any changes to my business model, or facility operations, may necessitate additional facility/equipment requirements. I will notify the Georgia Department of Agriculture prior to beginning any change of operation not originally disclosed on this form, so the facility/equipment requirements can be reassessed to ensure continued compliance with the Department's regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date  
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