



GDA:FSDLA:073015

GEORGIA DEPARTMENT OF AGRICULTURE - LICENSING DIVISION
 19 Martin Luther King Jr Dr SW, Room 604 Atlanta, GA 30334
 404.586.1411 (TEL) • 855.424.5423 (TOLL FREE) • 404.586.1126 (FAX)
 GDALICENSING@AGR.GEORGIA.GOV
FOOD SAFETY DIVISION LICENSE APPLICATION

Gary W. Black
COMMISSIONER



LICENSES SOUGHT
(Check all that apply)

FOOD SALES ESTABLISHMENT

MOBILE VEHICLE

WHOLESALE FISH DEALER

ESTABLISHMENT INFORMATION

| | | |
|---|---|-------------------------------|
| Firm Name (Doing Business As) | Water: Public or Well | Water: Sewer or Septic |
| Corporation Name (As Filed With the Secretary of State) | Ownership: Individual, Partnership, Corporation, LLP, or LLC | |

PHYSICAL ADDRESS

| | | | |
|----------------|------|--------|---------|
| Street Address | City | County | Zipcode |
|----------------|------|--------|---------|

MAILING ADDRESS (If Different from PHYSICAL ADDRESS)

| | | | |
|----------------|------|-------|---------|
| Street Address | City | State | Zipcode |
|----------------|------|-------|---------|

PHONE & ADDITIONAL INFORMATION

| | | | | |
|--------------|------------|------------------------|------------------------|--------------------------------------|
| Phone Number | Fax Number | Contact Number - Owner | Projected Opening Date | Construction: New or Existing |
|--------------|------------|------------------------|------------------------|--------------------------------------|

OWNER INFORMATION

| | |
|---------------------------------|-------|
| Owner or Corporate Officer Name | Title |
|---------------------------------|-------|

CO-OWNERS/PARTNERS/CORPORATE OFFICERS

| | |
|------|-------|
| Name | Title |
| Name | Title |

EMAIL ADDRESS (Valid Email Address Required for License Renewal)

VEHICLE INFORMATION (For **MOBILE VEHICLE, WHOLESALE FISH LICENSE, or ROLLING STORES (FOOD SALES)** as applicable)

| | | | | | |
|------------|--------------|-------------|------|-------|------|
| VIN Number | Tag - Number | Tag - State | Make | Model | Year |
|------------|--------------|-------------|------|-------|------|

WHOLESALE FISH DEALERS*

List all the fishery products your firm plans to wholesale, noting each item as either **FRESH** or **FROZEN**. Use the back of the form if you need additional space.

*A HACCP System that complies with state and federal regulations may be required for fishery products your firm produces or distributes. Please submit HACCP plans/forms to the Seafood Safety Office via FAX: **912-966-7954** or by EMAIL: **Tony.Colvin@agr.georgia.gov**

LICENSING INFORMATION

| Type | Renewal Period | Fees | Verification of Lawful Presence |
|------------------------|--|---|--|
| Food Sales License | Fiscal Year (Jul 1 - Jun 30) | License Fee Based on Risk Tier: \$100/\$150/\$200/\$250/\$300 | <i>A notarized affidavit and acceptable documentation is required by O.C.G.A. § 50-36-1.</i> Please notify us if you have previously submitted an affidavit and one acceptable document for any other license or GATE card issued by the Department. <i>This will allow us to search our databases and upload the required documentation for your new license and enable a better customer service experience.</i> For assistance, call the Customer Service Center at 855-4-AG-LICENSE (855-424-5423). |
| Mobile Vehicle License | Annual (Application Date) | \$100 | |
| Wholesale Fish License | Calendar Year (Jan 1 - Dec 30) | \$60 Resident (\$30 after June 30) Out of State - Call For License Fee | |

Make Check or Money Order Payable To: **GEORGIA DEPARTMENT OF AGRICULTURE**

APPLICANT - PRINTED NAME

APPLICANT - TITLE

APPLICANT - SIGNATURE

APPLICATION DATE

DEPARTMENT USE ONLY

| | | | | | | |
|-------------|-----|---------------|------------|--------------|-------------|-----------|
| Sanit. ID # | FTC | Date Received | Check Date | Check Number | Amount Paid | License # |
|-------------|-----|---------------|------------|--------------|-------------|-----------|