



GDA:FSDLA:102414

**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: <b>Public</b> or Well	Water: <b>Sewer</b> or Septic
Corporation Name (As Filed With the Secretary of State)	Ownership: <b>Individual, Partnership, Corporation, LLP, or LLC</b>	

**PHYSICAL ADDRESS**

Street Address	City	County	Zipcode
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**MAILING ADDRESS** (If Different from PHYSICAL ADDRESS)

Street Address	City	State	Zipcode
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**PHONE & ADDITIONAL INFORMATION**

Phone Number	Fax Number	Contact Number - Owner	Projected Opening Date	Construction: <b>New</b> or Existing
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**OWNER INFORMATION**

Owner or Corporate Officer Name	Title
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**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
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**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: **Sidney.Shepherd@agr.georgia.gov**

**LICENSING INFORMATION**

Type	Renewal Period	Fees	Verification of Lawful Presence
Food Sales License	<b>Fiscal Year</b> (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>  <b>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.</b>  <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>  <b>For assistance, call the Customer Service Center at 855-4-AG-LICENSE (855-424-5423).</b>
Mobile Vehicle License	<b>Annual</b> (Application Date)	\$100	
Wholesale Fish License	<b>Calendar Year</b> (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 #
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# Business Plan Overview: Manufactured Foods

## Section 1: Business Information

a). Owner's Name: \_\_\_\_\_  
Last First M.I.

b). Firm Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

c). Physical Address of Firm: \_\_\_\_\_  
Street City State Zip

d). Business Type *(Check All That Apply)*

Manufacturing Plant     Repackaging     Warehouse     Distribution     Open to the Public

e). Are products being produced in a shared/community kitchen? *(Check One)*     YES     NO

f). If YES, please list name of the shared kitchen: \_\_\_\_\_

## Section 2: Product(s) Information

a). What type(s) of product(s) will your firm produce?

\*\*\*NOTE: Proper documentation MUST be provided for all product(s) that require classification and process approval.

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

b). Briefly discuss how your product(s) is/are produced, stored, and transported.

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

c). Where will your product(s) be sold? *(Check All That Apply)*

Events/Flea Markets     Retail Sales     Wholesale     Internet     Other \_\_\_\_\_

## Section 3: 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

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

\_\_\_\_\_  
Title of Applicant

\_\_\_\_\_  
Date

## Section 4: Department Use Only

\_\_\_\_\_  
Firm Type Code (Based on Plan Review Form)

\_\_\_\_\_  
Processing Specialist