



FOOD SALES LICENSE APPLICATION

GEORGIA DEPARTMENT OF AGRICULTURE • FOOD SAFETY DIVISION

LICENSE PERIOD: JULY 1 - JUNE 30

agr.georgia.gov/manufacturers

Tyler J Harper
COMMISSIONER

BUSINESS INFORMATION			
FIRM NAME <i>(Doing Business As)</i>			PHONE # – BUSINESS / MAIN
CORPORATION NAME <i>(If Applicable)</i>			PHONE # – ALTERNATE / CELL
PHYSICAL ADDRESS – STREET	CITY	STATE	ZIP COUNTY
MAILING ADDRESS – STREET <i>(If Different than Above)</i>	CITY	STATE	ZIP COUNTY
OWNER / PRESIDENT / CEO – LAST NAME	OWNER / PRESIDENT / CEO – FIRST NAME	INITIAL	PROJECTED OPENING DATE*
EMAIL ADDRESS – PRIMARY	ALTERNATE EMAIL: Licensing QA Registered Agent		

* License Applications and Business Plans should be submitted no more than ninety (90) days, but no fewer than thirty (30) days, before the projected opening date.

TYPE OF OWNERSHIP		
Individual	Limited Liability Corp	Cooperative
Corporation	Partnership or LLP	Sole Proprietor

LICENSE FEE INFORMATION	
Tier 1 \$100	• Food Sales Establishment Licenses are renewed annually, and are due July 1 of every year.
Tier 2 \$150	• There is no proration for new Food Sales Establishment Licenses issued prior to July 1 of the calendar year.
Tier 3 \$200	• A 50% late penalty will be applied to outstanding Food License renewals not completed by September 1.
Tier 4 \$250	
Tier 5 \$300	

ALTERNATIVE CONTACT – EMERGENCY SITUATIONS	
<i>Designate an individual for the Food Safety Division to contact in response to a natural disaster, recall, or other food-related emergency.</i>	
NAME	TITLE
EMAIL ADDRESS	PHONE

SECURE & VERIFIABLE	
The Georgia Department of Agriculture (GDA) is required by law to verify citizenship/immigration status for the public benefits we issue. These public benefits include licenses, certifications, registrations, and state grants. The full law appears in O.C.G.A. Title 50, Chapter 36. You need to provide documentation of your status before you can receive a license from GDA.	
<ul style="list-style-type: none"> GDA's Secure & Verifiable (S&V) Webpage GDA's S&V FAQ Webpage 	
Email:	GDALicensing@agr.georgia.gov
Call:	855-4-AG-LICENSE (855-424-5423)

NON-PUBLIC WATER SUPPLY TESTING	
<ul style="list-style-type: none"> Testing of non-public water (such as wells) is required for all licensed Food Sales Establishments with open food. Most food sales establishments must be tested annually; however, shellfish dealers must be tested every 6 months It is the establishment's responsibility to test the water supply at the correct frequency. Non-public water must be tested for both total coliform and fecal coliform. Sample results must be retained on file at the establishment's location for a minimum of three (3) years and made available upon request during regulatory inspections New establishments MUST include a copy of these results with your license application. Please note, the test should be conducted within 60 days prior to submitting your license application. 	

APPLICANT SIGNATURE

APPLICANT – PRINTED NAME

APPLICANT TITLE

APPLICANT – SIGNATURE

DATE

Return Completed Documents To: Manufactured Food Program
19 Martin Luther King Jr Dr, SW
Room 306
Atlanta, GA 30334

By ManufacturedFoodInfo@agr.georgia.gov
Email:

APPLICANT ATTESTATIONS

By signing this document, the applicant:

- Affirms the information provided on this application form is accurate,
- Affirms they will comply with Department laws and regulations, and
- Will allow Department representatives access to the premises, including records allowed by law.



BUSINESS PLAN OVERVIEW

Tyler J Harper
COMMISSIONER

SECTION 1 – BUSINESS INFORMATION

Completed by ALL APPLICANTS

WATER SOURCE		CONSTRUCTION	BUSINESS TYPE	WHOLESALE	PERCENT OF GROSS FOOD SALES	
Public	Private				Retail (All Sales to Final Consumer)	None
WATER DISPOSAL		Existing/Conversion	Wholesale (All Sales to Other Businesses)	Intrastate (<i>Inside G.A.</i>)	OPERATIONS IN A SHARED KITCHEN	
Public	Private	Change/Remodel	Wholesale and Retail on Same Premises	Interstate	Yes	No

SECTION 2 – FOOD AND SPECIALIZED PROCESSING

Completed by ALL APPLICANTS – Check all that apply

<input type="checkbox"/>	CATEGORY	RETAIL	WHOLESALE
<input type="checkbox"/>	Acid/Acidified Food Processing		
<input type="checkbox"/>	Alcohol: Beer/Wine/Distilled/Kombucha		
<input type="checkbox"/>	Bakery Products		
<input type="checkbox"/>	Bottled Water Production		
<input type="checkbox"/>	Dairy: Grade A Food Production		
<input type="checkbox"/>	Dairy: Imitation Dairy Products		
<input type="checkbox"/>	Deli Sandwiches/Wraps		
<input type="checkbox"/>	Fruit/Vegetable Processing		
<input type="checkbox"/>	Fruit/Vegetable Juice Processing (HACCP)		
<input type="checkbox"/>	Ice Production on the Premise		
<input type="checkbox"/>	Infused Oils/Vinegars		
<input type="checkbox"/>	Jams/Jellies/Fruit Spreads		

<input type="checkbox"/>	CATEGORY	RETAIL	WHOLESALE
<input type="checkbox"/>	Molluscan Shellfish & Clams (HACCP)		
<input type="checkbox"/>	Nuts: Blanching/Roasting/Grinding		
<input type="checkbox"/>	Packaged Meals & Meal Kits		
<input type="checkbox"/>	Reduced Oxygen Packaging (HACCP)		
<input type="checkbox"/>	Repacking from Bulk Quantities		
<input type="checkbox"/>	Seafood: Box-In/Box-Out (HACCP)		
<input type="checkbox"/>	Seafood: Processing/Sushi/Smoked Fish (HACCP)		
<input type="checkbox"/>	Smoked or Cured Meat (HACCP)		
<input type="checkbox"/>	Sprout Processing		
<input type="checkbox"/>	Syrups & Bottled Tea/Coffee		
<input type="checkbox"/>	Other:		
<input type="checkbox"/>	Other:		

SECTION 3 – RETAIL OPERATIONS

Completed by ALL APPLICANTS WHO WILL SELL THEIR PRODUCTS DIRECTLY TO CONSUMERS

PART A – CONVENIENCE STORES (*Otherwise, proceed to Part B*)

This business will operate as a convenience store with:

- Customer Self-service Foods (i.e. coffee, cappuccino, soda fountain, slushes, hot dog roller, etc.)
- Food Service on Premise – With or Without a Seating Area
- Pre-packaged Food Sales (No open food products)

PART B – RETAIL FOOD (HANDLING PRACTICES)

This business will operate as a retail establishment that utilizes the following food handling practices: (*Check all that apply*)

- | | |
|--------------|-------------------------|
| Hot Holding | Cooling |
| Cold Holding | Food Service on Premise |
| Cooking | Sit Down Eating Area |
| Reheating | Other: |

PART B – RETAIL FOOD (DEPARTMENT AREAS)

The retail store will include the following departments on the premises: (*Check all that apply*)

- | | |
|--------------------------------|-----------------|
| Meat Market | Produce Market |
| Seafood Market | Sushi Prep Area |
| Deli Department (Food Service) | Other: |
| Bakery Department | Other: |

BUSINESS MODEL – CONVENIENCE STORES AND RETAIL FOOD STORES (*REQUIRED*)

Describe your business model in detail. List any open food products and beverages. *Attach additional pages if needed.*



BUSINESS PLAN OVERVIEW

Tyler J Harper
COMMISSIONER

SECTION 4 – PROCESSING & DISTRIBUTION OPERATIONS

Completed by ALL APPLICANTS WHO WILL DISTRIBUTE THEIR PRODUCTS TO OTHER BUSINESS ENTITIES (INCLUDING NON-PROFIT ENTITIES)

BUSINESS MODEL (REQUIRED)

Briefly describe your business model and business location. *Attach additional pages if needed.*

FOOD PRODUCTS AND PROCESSING METHODS (REQUIRED)

What types of product(s) will your firm produce, receive, hold, and/or distribute? Elaborate on Section B's responses. *Attach additional pages if needed.*

STORAGE AND TRANSPORTATION (REQUIRED)

Briefly describe how your product(s) are stored and transported. *Attach additional pages if needed.*

Is the Business a Qualified Facility, as Defined in CFR 117.3 Yes No
Qualified Facilities are required to complete FDA Form 3942a and file with FDA accordingly.

SECTION 5 – CHANGE OF OPERATION NOTIFICATION

Notice to ALL APPLICANTS

By signing this form, I attest that the information contained herein, including any supplemental documentation attached to this document for the submission process, is accurate for my intended operations. I understand that any changes to my business model or facility operations may necessitate additional facility and/or 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 and/or equipment requirements can be reassessed to ensure continued compliance with the Department's regulations.

PRINTED NAME

SIGNATURE OF APPLICANT

TITLE OF APPLICANT

DATE