



# FOOD SALES LICENSE APPLICATION

GEORGIA DEPARTMENT OF AGRICULTURE • FOOD SAFETY DIVISION

LICENSE PERIOD: JULY 1 - JUNE 30

[agr.georgia.gov/retailers](http://agr.georgia.gov/retailers)

Tyler J Harper  
COMMISSIONER

|   |                                      |   |                         |                            |
|---|--------------------------------------|---|-------------------------|----------------------------|
| <b>BUSINESS INFORMATION</b>                               |                                      |   |                         |                            |
| 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.

|                          |                        |                 |
|--------------------------|------------------------|-----------------|
| <b>TYPE OF OWNERSHIP</b> |                        |                 |
| Individual               | Limited Liability Corp | Cooperative     |
| Corporation              | Partnership or LLP     | Sole Proprietor |

|                                |  |
|--------------------------------|--|
| <b>LICENSE FEE INFORMATION</b> |  |
| 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                   |  |

|  |       |
|--|-------|
| <b>ALTERNATIVE CONTACT – EMERGENCY SITUATIONS</b>  |       |
| <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 |

|  |
|--|
| <b>NON-PUBLIC WATER SUPPLY TESTING</b>   |
| <ul style="list-style-type: none"> <li>• <a href="#">Testing of non-public water</a> (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</li> <li>• 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</li> <li>• 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.</li> </ul> |

|   |
|---|
| <b>SECURE &amp; VERIFIABLE</b>  |
| 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 <a href="#">full law</a> 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"> <li>• GDA’s <a href="#">Secure &amp; Verifiable (S&amp;V)</a> Webpage</li> <li>• GDA’s <a href="#">S&amp;V FAQ</a> Webpage</li> </ul>  |
| Email: <a href="mailto:GDALicensing@agr.georgia.gov">GDALicensing@agr.georgia.gov</a>   |
| Call: 855-4-AG-LICENSE (855-424-5423)   |

## APPLICANT SIGNATURE

\_\_\_\_\_  
APPLICANT – PRINTED NAME

\_\_\_\_\_  
APPLICANT TITLE

\_\_\_\_\_  
APPLICANT – SIGNATURE

\_\_\_\_\_  
DATE

**Return Completed Documents By Mail:** Retail Food Program  
19 Martin Luther King Jr Dr, SW  
Room 306  
Atlanta, GA 30334

**By Email:** [RetailFoodInfo@agr.georgia.gov](mailto:RetailFoodInfo@agr.georgia.gov)

## 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.*



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## 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