|  |  |  |  |
| --- | --- | --- | --- |
| DEPARTMENT USE | | | |
| Establishment # | | | |
| *Enter the Est. #* | | | |
| FTC - RF | District | | FTC - MF |
| *FTC?* | *District?* | | *FTC?* |
| Inspector *(Retail)* | | Inspector *(Manu.)* | |
| *Initial & Last Name* | | *Initial & Last Name* | |

BUSINESS PLAN OVERVIEW

SECTION 1 – BUSINESS INFORMATION

*Completed by* all applicants

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OWNER / PRESIDENT / CEO – LAST NAME | OWNER / PRESIDENT / CEO – FIRST NAME | | | INITIAL | PROJECTED OPENING DATE |
| *Enter the Owner or Officer’s Last Name* | *Enter the Owner or Officer’s First Name* | | | *Middle Initial* | *Enter the Date* |
| FIRM NAME *(DBA)* | | | | | PHONE # – BUSINESS / MAIN |
| *Enter the Name You are Doing Business As (DBA)* | | | | | *Enter the Primary Phone #* |
| CORPORATION NAME *(If Applicable)* | | | | | PHONE # – ALTERNATE / CELL |
| *Enter the Legal Name of the Firm, if Different than the DBA Listed Above* | | | | | *Enter an Alternate Phone #* |
| PHYSICAL ADDRESS – STREET | CITY | | STATE | ZIP | COUNTY |
| *Enter the Street Number and Name* | *Enter the City Name* | | *State?* | *Enter Zipcode* | *Enter the County Name* |
| EMAIL ADDRESS – PRIMARY | | EMAIL ADDRESS – ALTERNATE EMAIL *(Licensing, Quality Assurance, Etc.)* | | | |
| *Enter the Owner’s Email Address* | | *Enter an Alternative Email Address for Communications* | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WATER SOURCE | | | | CONSTRUCTION | | BUSINESS TYPE | | wholesale | | Percent of Gross Food Sales | | | | | | | | | | | |
|  | Public |  | Private |  | New |  | Retail (All Sales to Final Consumer) |  | None | Retail | | % | | | % | Wholesale | | | | % | % |
|  |  |  |  |  |  |  |  |  |  |  |  | | | |  |  | | | |  |  |
| WATER DISPOSAL | | | |  | Existing/Conversion |  | Wholesale (All Sales to Other Businesses) |  | Intrastate *(Inside GA)* | operations in a Shared Kitchen | | | | | | | | | | | |
|  | Public |  | Private |  | Change/Remodel |  | Wholesale and Retail on Same Premises |  | Interstate *(Outside GA)* |  | | |  | Yes | | |  |  | No | | |

SECTION 2 – FOOD AND SPECIALIZED PROCESSING

*Completed by* all applicants – *Check all that apply*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ⌧ | **CATEGORY** | **RETAIL** | **WHOLESALE** |  | ⌧ | **CATEGORY** | | **RETAIL** | **WHOLESALE** |
|  | Acid/Acidified Food Processing |  |  |  |  | Molluscan Shellfish & Clams (HACCP) | |  |  |
|  | Alcohol: Beer/Wine/Distilled/Kombucha |  |  |  |  | Nuts: Blanching/Roasting/Grinding | |  |  |
|  | Bakery Products |  |  |  |  | Packaged Meals & Meal Kits | |  |  |
|  | Bottled Water Production |  |  |  |  | Reduced Oxygen Packaging (HACCP) | |  |  |
|  | Dairy: Grade A Food Production |  |  |  |  | Repacking from Bulk Quantities | |  |  |
|  | Dairy: Imitation Dairy Products |  |  |  |  | Seafood: Box-In/Box-Out (HACCP) | |  |  |
|  | Deli Sandwiches/Wraps |  |  |  |  | Seafood: Processing/Sushi/Smoked Fish (HACCP) | |  |  |
|  | Fruit/Vegetable Processing |  |  |  |  | Smoked or Cured Meat (HACCP) | |  |  |
|  | Fruit/Vegetable Juice Processing (HACCP) |  |  |  |  | Sprout Processing | |  |  |
|  | Ice Production on the Premise |  |  |  |  | Syrups & Bottled Tea/Coffee | |  |  |
|  | Infused Oils/Vinegars |  |  |  |  | Other: | *Enter an Alternative Food or Process* |  |  |
|  | Jams/Jellies/Fruit Spreads |  |  |  |  | Other: | *Enter an Alternative Food or Process* |  |  |

SECTION 3 – RETAIL OPERATIONS

*Completed by* applicants who 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: | *Enter Handling Process* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | *Enter Prep Area Name* |
|  | Bakery Department |  | Other: | *Enter Prep Area Name* |

|  |
| --- |
| **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.* |
| *Click or tap here to enter text.* |

SECTION 4 – PROCESSING & DISTRIBUTION OPERATIONS

*Completed by* applicants who 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.* |
| *Click or tap here to enter text.* |

|  |
| --- |
| **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.* |
| *Click or tap here to enter text.* |

|  |
| --- |
| **STORAGE AND TRANSPORTATION** *(REQUIRED)* |
| Briefly describe how your product(s) are stored and transported. *Attach additional pages if needed.* |
| *Click or tap here to enter text.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.

|  |  |  |
| --- | --- | --- |
| *Business Plan Form Completed By* |  |  |
| printed name |  | signature of applicant |
| *Title of the Individual Listed Above* |  | *Enter the Date of Signature* |
| title of applicant |  | date |