



WHOLESALE FISH DEALER LICENSE APPLICATION

GEORGIA DEPARTMENT OF AGRICULTURE • FOOD SAFETY DIVISION

LICENSE PERIOD: JAN 1 - DEC 31

agr.georgia.gov/manufacturers

Tyler J Harper
COMMISSIONER

BUSINESS INFORMATION

FIRM NAME (Doing Business As)				PHONE # – BUSINESS / MAIN
CORPORATION NAME (If Applicable)				PHONE # – ALTERNATE / CELL
PHYSICAL ADDRESS – STREET	CITY	STATE	ZIP	COUNTY
MAILING ADDRESS – STREET (If Different than Above)	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

ALTERNATIVE CONTACT – EMERGENCY SITUATIONS

Designate an individual for the Food Safety Division to contact in response to a natural disaster, recall, or other food-related emergency.

NAME	TITLE
EMAIL ADDRESS	PHONE

NON-PUBLIC WATER SUPPLY TESTING

- [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:

LICENSE FEE INFORMATION

\$60 – GA residents and other states except:
\$200 – Non-resident (*New York, Mississippi*)
\$260 – Non-resident (*Massachusetts*)
\$500 – Non-resident (*Alabama*)
\$1,100 – Non-resident (*Florida*)
\$1,140 – Non-resident (*Louisiana*)

*License fees are halved (50% less) for new applications submitted **after July 1** of the calendar year.*

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.

- 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)

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

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SECTION 1 – BUSINESS INFORMATION

Completed by ALL APPLICANTS

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 (<i>Inside GA</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

Qualified Facilities are required to complete FDA Form 3942a and file with FDA accordingly.

Yes

No

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