



APPLICATION FOR PERMIT TO CONSTRUCT
A FOOD SERVICE ESTABLISHMENT

Fulton County Board of Health
Environmental Health Services Division

ESTABLISHMENT INFORMATION

Name: _____

Address: # Street Room/Suite City State Zip Code

Telephone #: _____ Fax#: _____ Email: _____

Establishment Type: [] Extended [] Fixed

OWNER INFORMATION

Name: _____ Title: _____

Address: # Street Room/Suite City State Zip Code

Telephone #: _____ Fax#: _____ Email: _____

APPLICANT INFORMATION

Name: _____

Address: # Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

CONTRACTOR INFORMATION

Name: _____ Title: _____

Address: # Street Room/Suite

City State Zip Code

Telephone #: _____ Fax#: _____ Email: _____

I, _____, certify that all information given in this application is true and correct to the best of my knowledge.

I further understand and agree to comply with the Georgia Department of Public Health, Chapter 511-6-1, "Food Code", as the holder of a permit to construct a food service establishment in Fulton County. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked or expired.

Applicant Signature Title Date

EHS Use Only

Plan Review Control #: _____ Construction Permit#: _____ Fee Amount: _____

Date of Remittance: ___/___/___ Check/M.O.#: _____ Receipt #: _____

District Assignment: _____ Service Code: _____ Territory Assignment: _____

Date of Issuance EHS Staff