



PERMIT APPLICATION FOR EXTENDED UNIT

ADMINISTRATIVE INFORMATION *(Please complete a separate application form for each unit/kiosk that operates from the same Base of Operation.)*

1. Please indicate whether this is a New Application or a Change of Ownership:

- New Application
- Change of Ownership

2. Name of Kiosk/Unit: _____

3. Kiosk/Unit Location: _____

4. Name of Base of Operation: _____

5. Base of Operation Owner: _____

6. Base of Operation Permit #: _____

7. Base of Operation Mailing Address: _____

8. Billing Contact Name: _____ Phone #: _____

9. Billing Address: _____

10. Billing Contact E-mail: _____

11. Business Ownership Type: Individual Corporation Partnership Association LLC Other

If Other please explain: _____

If Association, Partnership, Corporation, LLC or Other, provide name, title, address and phone number of persons involved, including owners and officers.

Name	Title	Address	Phone

Name	Title	Address	Phone



PERMIT APPLICATION FOR EXTENDED UNIT

UNIT/KIOSK OPERATIONAL INFORMATION

1. Please answer the following based on operations performed on your kiosk/unit location (check all that apply):

Kiosk/Unit only serves packaged food that has been prepared at the permitted Base of Operation

Kiosk/Unit does not cook any raw animal foods; only reheats commercially precooked ingredients

Kiosk/Unit cooks raw animal foods

Kiosk/Unit serves raw or undercooked animal foods in a ready to eat form (steaks/burgers, sashimi, ceviche, eggs, etc.)

Other _____

2. Will any food be chopped, sliced, diced, or cooled on the kiosk/unit? Yes No
If YES, please describe where and how this will happen on the kiosk/unit:

3. Sinks in/on kiosk/unit:

a. Will each sink be supplied with hot and cold running water under pressure? Yes No

b. Number of handwashing sinks: _____ Dimensions: _____

c. Number of three-compartment sinks: _____ Dimensions: _____

d. Number of vegetable prep sinks: _____ Dimensions: _____

e. Number of meat prep sinks: _____ Dimensions: _____

4. Water Pump for kiosk/unit only (if applicable):

Make: _____ Model: _____ GPM: _____

5. Water Heater (select type):

Tank type: Make: _____ Model: _____ Capacity: _____ BTU or KW _____

On-demand / Instantaneous: Flow Rate in GPM: _____

6. Freshwater Tank for kiosk/unit (if applicable):

a. Capacity/Volume: _____

b. Is the inner diameter of the water tank inlet three-fourths inch (19.1 mm) or less? Yes No

c. Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service? Yes No



PERMIT APPLICATION FOR EXTENDED UNIT

UNIT/KIOSK OPERATIONAL INFORMATION Cont'd

7. Wastewater Tank for kiosk or unit (if applicable):
- a. Capacity/Volume (must be 15% larger than freshwater tank): _____
 - b. Is the wastewater tank sloped to a drain with an inner diameter that is at least 1 inch (25 mm)? Yes No
 - c. Is the drain equipped with a shut-off valve? Yes No
8. Please describe the method for removing the wastewater, and flushing and draining the waste retention tank at the Base of Operation (for kiosk or unit): _____

9. Power Supply for kiosk or unit (select all that apply):
- Generator:
 Make: _____ Model: _____ Fueltype: _____ Watts: _____
 - Electrical (power cord or existing electrical wiring at vending location)
 - Propane
 - Battery
10. How will Time/Temperature Control for Safety (TCS) foods be maintained at proper temperature while foods are being transported to the unit/kiosk? _____

11. How will Time/Temperature Control for Safety (TCS) foods be protected from contamination sources while being transported to the unit/kiosk? _____

12. Thermostatic Temperature Control of Food:
- a. Number of refrigeration units (thermometer required in warmest part of unit): _____
 - b. Number of freezer units (thermometer required in warmest part of unit): _____
 - c. Number and type of hot holding units (e.g., steamtables, heat lamps, etc.): _____
13. Please indicate the types and number of equipment used for cooking or reheating TCS foods on the unit/kiosk (check all that apply):
- Inside Grills: _____ Outside Grills (requires permanent overhead protection): _____
 - Smokers: _____ Stoves: _____ Ovens: _____ Fryers: _____
 - Other (explain): _____



PERMIT APPLICATION FOR EXTENDED UNIT

DESIGN, CONSTRUCTION & MATERIALS

1. Please indicate the type of materials used (e.g., FRP, laminate, stainless steel, tile, etc.) in/on the kiosk/unit:

a. Floor: _____

b. Walls: _____

c. Ceiling (if applicable): _____

REQUIRED DOCUMENTATION (Please enclose the following information with the application):

Menu

Detailed drawing (as close to-scale as possible) with all equipment clearly labeled

Manufacturer’s specification sheets for all equipment (cooking, cold holding, hot holding, freshwater & wastewater tanks, generator, etc.)

Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached

Proof of compliance with all other applicable agencies (e.g. zoning, fire, etc.)

I attest that the information provided within this document is true and accurate. I agree to comply with the State of Georgia Rules and Regulations for Food Service Chapter 511-6-1. I understand that only the foods listed on the menu submitted with the Base of Operation plans may be prepared and served at this kiosk/unit/kitchen.

Name of Owner or Authorized Agent Title _____

Signature

Date

FOR HEALTH DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____
Printed Name Title Signature

DATE APPROVED: _____

EXTENDED FOOD UNIT PERMIT #: _____