



APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

Fulton County Board of Health
Environmental Health Services

**ESTABLISHMENT
INFORMATION**

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Fax#: _____ Email: _____

Certified FS Manager Name: _____ Certification Type / No.: _____ / _____

**OWNER
INFORMATION**

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Fax#: _____ Email: _____

**PERMIT HOLDER
INFORMATION**

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

**BILLING
INFORMATION**

Name: _____

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.

Permit Holder Name (Print)

I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article V, "Food Service", as the holder of a permit to operate a food service establishment in Fulton County. The permit holder is defined as the entity who possesses a valid permit to operate a food service establishment and is legally responsible for the operation of the food service establishment such as the owner, agent for the owner or other such authorized or designated person. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended or revoked. Furthermore, a license, which expires annually on the anniversary date of the permit issuance, shall be issued concurrently with the permit. Preferred Contact Method: Telephone Email Fax

Permit Holder Signature _____ Title _____ Date _____

===== EHS Use Only =====

Establishment Code: _____ Permit #: _____ District Assignment: _____ Territory Assignment: _____

Date of Remittance: ____/____/____ Fee Amount: _____ Check/M.O. #: _____ Invoice #: _____

Service Code: _____ Permit Issue Date: ____/____/____ License Expiration Date: ____/____/____

EHS Staff

Date of Issuance