



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
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Name	Title	Address	Phone
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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



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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): _____



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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 #: _____